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ALABAMA STATE BOARD OF PHARMACY

BUSINESS MEETING

Wednesday, May 13, 2015

9:12 a.m.

LOCATION: Alabama State Board of Pharmacy  
111 Village Street  
Hoover, Alabama, 35242

REPORTER: Michelle Parvin

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ATTENDEES

BOARD MEMBERS:

- Tim Martin, Vice President
- Buddy Bunch, Treasurer
- David Darby, Member
- Donna Yeatman, Member

ALSO PRESENT:

- Jim Ward, Attorney
- Susan Alverson, Executive Secretary
- Eddie Braden, Chief Inspector
- Cristal Anderson, Director of Compliance
- Carol Leos
- Mitzi Ellenburg
- Blake Anderson
- Tracy Davis
- Jim Easter
- Janine Cleveland
- Scott Daniel
- Todd Brooks
- Billy Lawley

- 1 Steve Snyder
- 2 Kelly Newman
- 3 Clemice Hurst
- 4 Julie Hunter
- 5 Bill Maguire
- 6 Emily Lachiewicz
- 7 Julie Craft
- 8 LeeAnne McDonald
- 9 Tracy Carter
- 10 Haleigh Cawood
- 11 Zahir Hamid
- 12 Bruce Harris
- 13 Sharon Hester
- 14 Dan Yarbrough
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1 DR. MARTIN: Welcome to the  
2 meeting of the May Alabama State Board of  
3 Pharmacy. My name's Tim Martin. I'm the  
4 vice president of the State Board. President  
5 McConaghy is not able to be with us today.  
6 And in his absence, I'll be presiding over  
7 the meeting.

8 I notice that we do have a  
9 quorum, and I entertain a motion to adopt the  
10 agenda.

11 MR. DARBY: Make a motion we  
12 adopt the agenda.

13 MR. BUNCH: Second.

14 DR. MARTIN: All in favor.

15 MR. BUNCH: Aye.

16 MR. DARBY: Aye.

17 DR. MARTIN: Any opposed?

18 (No response.)

19 DR. MARTIN: The agenda has been  
20 adopted.

21 As the first order of business,  
22 again, let me welcome you. I'm going to ask  
23 that individuals in the room stand up,

1 introduce yourself, who you're representing.  
2 And, if you would, speak loud and clear so  
3 our court reporter can hear you and address  
4 the court reporter not the other people in  
5 the room.

6 Carol, let's start with you.

7 MS. LEOS: Carol Leos with ALSHP.

8 MS. ELLENBURG: Mitzi Ellenburg,  
9 Board of Pharmacy.

10 MR. ANDERSON: Blake Anderson,  
11 Turpin & Associates.

12 MS. DAVIS: Tracy Davis for Hand  
13 Arendall representing APA.

14 MR. STEPHENS: Rick Stephens,  
15 Senior Care Pharmacy.

16 MR. EASTER: Jim Easter, Baptist  
17 Health System.

18 MS. CLEVELAND: Janine Cleveland,  
19 Omnicare of Spartenburg.

20 MR. LAWLEY: Billy Lawley,  
21 Walmart.

22 MR. SNYDER: Steve Snyder,  
23 Pharmacy Care Associates.

1 MS. NEWMAN: Kelly Newman,  
2 Medicaid.  
3 MS. HURST: Clemice Hurst,  
4 Medicaid.  
5 MS. HUNTER: Julie Hunter,  
6 Omnicare.  
7 MR. MAGUIRE: Bill Maguire, Omni  
8 South.  
9 MS. LACHIEWICZ: Emily  
10 Lachiewicz, DCH Regional.  
11 MS. CRAFT: Julie Craft, DCH  
12 Regional.  
13 MS. MCDONALD: LeeAnne McDonald,  
14 DCH Regional.  
15 MS. CARTER: Tracy Carter, DCH  
16 Regional.  
17 MS. CAWOOD: Haleigh Cawood,  
18 Eagle Pharmacy.  
19 MR. HAMID: Zahir Hamid, Eagle  
20 Pharmacy, too.  
21 MR. HARRIS: Bruce Harris, APCI.  
22 MR. HESTER: Sharon Hester,  
23 Transdermal Therapeutics.

1                   MR. DANIEL: Scott Daniel,  
2 Alabama State Board of Pharmacy.

3                   MR. BROOKS: Todd Brooks, Alabama  
4 State Board of Pharmacy.

5                   MR. WELLS: Lynn Wells, Alabama  
6 State Board of Pharmacy.

7                   DR. MARTIN: Great. Thank you  
8 all for being here.

9                   We have one presentation I see on  
10 the agenda this morning. And unless there  
11 are any objections, we'll move straight into  
12 the presentation from Omnicare.

13                   Right up here, please. Good  
14 morning.

15                   MS. CLEVELAND: Good morning.

16                   DR. MARTIN: You may want to  
17 introduce yourself again for the record, and  
18 then, the floor is yours.

19                   MS. CLEVELAND: All right. I'm  
20 Janine Cleveland from Omnicare of  
21 Spartanburg.

22                   And I believe why we are here is  
23 to get a new permit, the pharmacy services

1 permit, for our site. And we used to have  
2 the mail order and nonresident permit, and  
3 now, we're changing it to pharmacy services  
4 because we do not dispense any medications.

5           The handout that I provided goes  
6 through all of our services that we provide  
7 for all of our sites. And we support the  
8 Omnicare pharmacy operation sites by assuming  
9 responsibility for the more cumbersome, time  
10 consuming, clinical assessment, and  
11 intervention unprescribed medication therapy.

12           Do you want me to go through --

13           DR. MARTIN: So, currently,  
14 you're a nonresident mail order pharmacy, is  
15 that correct, that's your permit?

16           MS. CLEVELAND: Yes.

17           DR. MARTIN: And you seek to keep  
18 that permit and, in addition to that, you're  
19 asking for a nonresident pharmacy services  
20 permit to perform remote order processing?

21           MS. CLEVELAND: No, we're going  
22 to get rid of the mail order permit and have  
23 the pharmacy services permit now.

1 DR. MARTIN: Okay. Will there be  
2 any drugs on site where the remote order  
3 processing takes place?

4 MS. CLEVELAND: No, sir.

5 DR. MARTIN: Okay.

6 MR. DARBY: Do y'all use  
7 technicians, or will y'all use technicians?

8 MS. CLEVELAND: Yes, sir.

9 MR. DARBY: And what's the ratio?

10 MS. CLEVELAND: I would say about  
11 three to one.

12 MR. DARBY: And they're certified  
13 techs?

14 MS. CLEVELAND: Yes, sir.

15 DR. MARTIN: Are you going to  
16 perform both remote processing during off  
17 hours and work balancing or just off hours?

18 MS. CLEVELAND: We do not do any  
19 type of order entry processing. We're pretty  
20 much a clinical benefits manager is the  
21 easiest way I can explain it.

22 MR. DARBY: Well, you say you're  
23 going to be -- like you'll be doing PAs?

1 MS. CLEVELAND: Yes, sir.

2 MR. DARBY: Is that the primary  
3 function that you're doing or --

4 MS. CLEVELAND: We do prior  
5 authorizations and we send recommendations  
6 for covered alternatives to the prescribers.

7 MR. DARBY: All right.

8 MR. WARD: What kind of permit do  
9 you have in south Florida?

10 MS. CLEVELAND: We have a -- I  
11 think it's just a regular pharmacy permit.

12 MR. WARD: Is there a tech ratio  
13 that South Carolina imposes?

14 MS. CLEVELAND: Yes, it's three  
15 to one.

16 MR. WARD: Three to one.

17 DR. MARTIN: In the State of  
18 South Carolina?

19 MS. CLEVELAND: Yes, sir.

20 DR. MARTIN: Okay. Any other  
21 board members have questions?

22 MR. BUNCH: I don't have any  
23 questions.

1                   MR. DARBY: Do you want me to  
2 make a motion?

3                   DR. MARTIN: Please.

4                   MR. DARBY: I make a motion we  
5 grant the Omnicare Clinical Intervention  
6 Center in Spartanburg, South Carolina, a  
7 pharmacy services permit.

8                   MS. YEATMAN: Second.

9                   DR. MARTIN: We have a motion.  
10 We have a second. Is there any further  
11 discussion on the motion?

12                   (No response.)

13                   DR. MARTIN: Seeing none, we'll  
14 call for the vote.

15                   All those in favor, please say  
16 aye.

17                   MR. DARBY: Aye.

18                   MS. YEATMAN: Aye.

19                   MR. BUNCH: Aye.

20                   DR. MARTIN: Any opposed, same  
21 sign.

22                   (No response.)

23                   DR. MARTIN: Motion passes.

1 Thank you very much.

2 MS. CLEVELAND: All right. Thank  
3 you.

4 DR. MARTIN: Mr. Bunch, the  
5 treasurer's report.

6 MR. BUNCH: Yes. Yes, yes. The  
7 treasurer's report stays about the same as it  
8 did last month and the month before. We've  
9 got money to pay the bills. And I think  
10 we're about ninety-eight percent on our  
11 income. There's not a lot to add.

12 I asked Blake to come up today in  
13 case anyone had any questions about anything.  
14 If you look it over and -- or if you have  
15 looked it over, if you have any questions,  
16 let me know. And if I don't have the answer,  
17 we'll get with Mr. Blake because he has all  
18 the answers.

19 DR. MARTIN: Any questions from  
20 board members for Mr. Bunch?

21 MR. DARBY: Looks good. I just  
22 want everybody to remember next year when we  
23 have a different treasurer, the reason we're

1 going to be so far bad is because this is a  
2 good year. No reflection on who's the  
3 treasurer.

4 MR. BUNCH: I'm taking all the  
5 credit.

6 MR. DARBY: Make a motion we  
7 accept the treasurer's report.

8 MS. YEATMAN: Second. Oh, sorry.

9 DR. MARTIN: We have a motion.  
10 We have a second to accept the treasurer's  
11 report. I believe that's a motion that does  
12 not allow discussion. So, we'll move  
13 straight to the vote.

14 All those in favor?

15 THE BOARD: Aye.

16 DR. MARTIN: Aye. Any opposed,  
17 same sign.

18 (No response.)

19 DR. MARTIN: The treasurer's  
20 report is received.

21 Are there any questions for Blake  
22 while he's here?

23 (No response.)

1 DR. MARTIN: Blake, do you have  
2 any comments you need to make?

3 MR. ANDERSON: I spoke with the  
4 auditor. She thinks she should be wrapping  
5 up at the end of next week.

6 DR. MARTIN: That's good news.  
7 And the auditor is going to be joining us  
8 during new business. I have a small question  
9 we need to run by her and also give her the  
10 opportunity to provide any feedback she would  
11 like to at that point, if any.

12 Great. Okay. Are we ready with  
13 the board wellness report?

14 Susan, are you doing that for  
15 Dr. Garver today?

16 DR. ALVERSON: I am.

17 DR. MARTIN: Okay. Thank you.

18 DR. ALVERSON: Gentlemen and  
19 ladies, presently, there are one hundred and  
20 forty-two people in our screening program  
21 with signed contracts or orders. This number  
22 includes any individuals on a diagnostic  
23 monitoring contract but does not include any

1 of the professionals listed below.

2                   Currently, there are three  
3 pharmacists in inpatient treatment, one  
4 pharmacist who is set up for an evaluation,  
5 which has been interrupted by a necessary  
6 surgery. There is one technician in  
7 treatment, one student who has completed  
8 treatment, and the case was heard yesterday.  
9 There is one student in inpatient treatment  
10 and one pharmacist who's trying to decide  
11 whether or not to continue with his or her  
12 career. So, the total number of pharmacy  
13 professionals identified in 2015 is thirteen.  
14 This number does not include any holdovers  
15 from the previous year, and those are for  
16 whichever reasons that they were not  
17 completed in that year, they've been  
18 identified.

19                   All individuals who are in  
20 treatment or evaluation or undecided are  
21 presently out of the workplace and without a  
22 license. There are over a dozen others who  
23 are working their way through Halfway House,

1 Time Out For Recovery, or who are in the  
2 process of being investigated or scheduled  
3 for hearings. There are eighty-five  
4 individuals in facility driven after care.

5 The completed work portion of the  
6 monthly report is as follows: We have met  
7 personally with all licensees returning to  
8 work to sign contracts and explain how  
9 monitoring works. All returning licensees  
10 have been placed in a caduceus either  
11 pharmacy or health professional.

12 Thank you for letting me serve  
13 recovering pharmacy professionals. Dr.  
14 Garver.

15 DR. MARTIN: Thank you, Susan.

16 DR. ALVERSON: You're welcome.

17 DR. MARTIN: Any questions for  
18 Susan who's reading on behalf of Dr. Garver  
19 today?

20 (No response.)

21 DR. MARTIN: No questions?

22 (No response.)

23 DR. MARTIN: Thank you.

1 I believe we're ready to consider  
2 adoption of the board minutes from April.  
3 You have those in front of you.

4 MR. DARBY: Make a motion we  
5 adopt -- we approve the minutes of the April  
6 15th Alabama Board of Pharmacy business  
7 meeting.

8 MS. YEATMAN: I second.

9 DR. MARTIN: I have a motion to  
10 second to adopt those minutes. All those in  
11 favor, say aye.

12 MR. DARBY: Aye.

13 MR. BUNCH: Aye.

14 DR. MARTIN: Aye.

15 I believe those are all the  
16 minutes that we need to adopt at this time.

17 Mr. Braden.

18 MR. BRADEN: Yes, sir.

19 DR. MARTIN: Inspector's report.

20 MR. BRADEN: Yes, sir. As you  
21 see, the inspections that we completed for  
22 the month of April, the complaints that we  
23 investigated during that month, we had a drop

1 in how many complaints we received actually.  
2 We were running twenty, twenty-five, or more  
3 January, February, and March, and it dropped  
4 to single digit for that month of April.

5 But I broke down -- I did a  
6 little different information for you where it  
7 broke down the types of complaints those are  
8 out of the sixty-nine we received this year,  
9 and, also, activities that we were involved  
10 in for the month of April.

11 And I wanted to make special note  
12 of the meeting that we had that Dr. Alverson  
13 set up for us and the Mississippi Board of  
14 Pharmacy and the drug -- the Georgia Drug and  
15 Narcotics Agency. That's opened a great line  
16 of communication. We've got equal and  
17 similar issues that they have and we have.  
18 And I've gotten a lot of feedback and  
19 information from both investigative staffs of  
20 both agencies. So, that's been very  
21 beneficial.

22 DR. MARTIN: Yeah, I find this  
23 information that you've provided to us to be

1 very interesting and helpful. And I'm  
2 wondering if it would be of some value for  
3 you to just quickly go over those if you  
4 don't mind reading them out.

5 MR. BRADEN: Well, as you see, we  
6 had sixty-nine since the first of the year.  
7 And, of course, diversion is -- we had -- we  
8 had the number eight of diversion.  
9 Medication errors, we had nine. Altered or  
10 forged prescriptions, we had six. Arrests --  
11 and that's an arrest outside of anything  
12 related to drugs -- we had one. Theft of  
13 cash or merchandise, two; failed drug  
14 screens, three; dispensing without a license,  
15 two; unlawful sale of a controlled substance,  
16 one; impairment, two; and thirty-five other,  
17 which can include PDMP complaints, Medicaid  
18 fraud complaints, discrimination, and HIPAA  
19 type complaints, which there's others, too,  
20 but just giving you an example.

21 MR. DARBY: What is a fusion  
22 liaison officer?

23 MR. BRADEN: Fusion liaison is,

1 we have access through Lets that allows to  
2 gain information. It helps us to track  
3 through that center, information center,  
4 we're able to get information if someone --  
5 and this helps us really greatly with like  
6 technicians. If a technician has been caught  
7 in a diversion and they're no longer working  
8 at the pharmacy, they've quit, we're able to  
9 track where they may be working now. So,  
10 that's just one of the areas that we use.

11 So, now, we have a liaison  
12 officer with them that helps us have a better  
13 connection with that. But we use -- we use  
14 that Lets information from the fusion center  
15 a good deal trying to track people down.

16 DR. MARTIN: I want to compliment  
17 you and Susan having the vision to begin  
18 meeting with the boards and the compliance  
19 officers from the contiguous states. I  
20 understand that's gone very well. It's a  
21 really good idea.

22 Also noticed, this is more for  
23 the benefit of the audience, as all this

1 current discussion is, just so they'll know a  
2 little bit more about what does a drug  
3 inspector do, what are the kind of things  
4 they run into on a day-in-and-day-out basis.  
5 And I also notice y'all had nine emergency  
6 suspensions during the month. A pretty big  
7 month, it sounds like.

8 Anything else for Mr. Braden?

9 (No response.)

10 DR. MARTIN: I'm assuming you  
11 have something for executive session.

12 MR. BRADEN: Executive session  
13 later, we do, yes, sir.

14 DR. MARTIN: Thank you.

15 Susan, the secretary's report.

16 DR. ALVERSON: All right. I hope  
17 it shows up on your screens. All right. I  
18 started out with what Eddie just spoke about.  
19 We did have people from the Board at  
20 Mississippi and Georgia. And we've already  
21 just establishing those relationships have  
22 been able to follow up on some cases that  
23 kind of stymied us, and they crossed the

1 borders. And Mississippi and Georgia have  
2 both picked them up. And so, it's been  
3 helpful.

4 All agencies said that they were  
5 seeing so much diversion. Everybody has seen  
6 a lot of heroin, heroin spiked with Fentanyl.  
7 And from what we understand, it's not your  
8 father's heroin. I lived during the '60s  
9 heroin events. And, apparently, what's on  
10 the streets now is much, much stronger. So,  
11 we've improved in all areas, I guess.

12 Everybody said that their work is  
13 influenced by outside sources, who's in the  
14 legislature at the time, what other agencies  
15 want. But, you know, that's reality of life.

16 Mississippi had mentioned that  
17 they've hired a person who had a history with  
18 PBMs. And that when pharmacists in this  
19 state are having issues with PBMs, they can  
20 call this person at the Board office, and  
21 frequently, that person knows who to call to  
22 kind of solve that problem. I'm not asking  
23 for a person like that. I'm just saying, it

1 was an interesting idea that I most certainly  
2 had never thought about.

3 MR. DARBY: Do you know if --  
4 does Mississippi Board of Pharmacy have  
5 oversight over PBMs?

6 DR. ALVERSON: Yes --

7 MR. DARBY: They do?

8 DR. ALVERSON: -- they do.

9 In fact, most states that I see  
10 have oversight over PBMs.

11 DR. MARTIN: Through the Board of  
12 Pharmacy, Board of Health, Insurance Board?

13 DR. ALVERSON: Through the Board  
14 of Pharmacy --

15 DR. MARTIN: Board of Pharmacy.

16 DR. ALVERSON: -- I'd say is the  
17 majority.

18 Eddie, what was --

19 MR. BRADEN: (Nods head.)

20 DR. ALVERSON: All right. We did  
21 discuss PBMs with both states. Right now,  
22 the system that's being used in Alabama, we  
23 are able to share data with Maine and, I

1 think, Tennessee. And I'm sure Tennessee  
2 data is of value to Alabama, but I doubt we  
3 share a lot with Maine that's really helpful.  
4 But all three of the states that were in this  
5 meeting said it would be nice if we could  
6 share among each other because that's  
7 obviously where our problems are with our  
8 contiguous states.

9           We discussed the NABP system.  
10 And, of course, we have no control over where  
11 PDMP goes. I had a call from NABP after some  
12 comments I made at a meeting to tell me how  
13 the system really works. And it's NABP's  
14 position that they monitor and exchange, that  
15 they have set up an exchange. And it's like  
16 data going through a post office was the  
17 example. It goes through here, but we never  
18 open it up and look at it. So, we could  
19 sleep well knowing that that data is  
20 untouched or uninspected.

21           Part of the issue, though, still,  
22 in my mind, is the data is going to, I don't  
23 know, twenty-two, twenty-five other states

1 right now. And some states, you can write in  
2 and ask for data, and it will be sent to you.  
3 It's just the way their laws are written, you  
4 know. So, if we went that way, we would have  
5 to consider where would our data be going.  
6 But, apparently, with the NABP system, you  
7 can say, I want to share with this state but  
8 not that state. So, you can select which  
9 states with which you would share.

10 MR. BUNCH: Is the wording on  
11 that on a privacy thing, I mean --

12 DR. ALVERSON: That's my worry.

13 MR. BUNCH: -- as to why you  
14 wouldn't -- and different states share that  
15 information with different organizations?

16 DR. ALVERSON: Yes, that's my  
17 part of my worry.

18 MR. DARBY: Freedom of  
19 information laws.

20 MR. WARD: And the statute --

21 DR. ALVERSON: Right.

22 MR. WARD: The statute doesn't  
23 allow it.

1 DR. ALVERSON: Right. So --

2 MR. WARD: There's penalties  
3 for -- there would be penalties for that.

4 MR. BUNCH: That's an Alabama  
5 statute?

6 MR. WARD: Yes, sir.

7 DR. ALVERSON: I've also been  
8 told I'm no longer a Yankee. I'm behaving  
9 like a southerner.

10 MR. WARD: Who told you that?

11 DR. ALVERSON: Pardon?

12 MR. WARD: Who told you that?

13 DR. MARTIN: Congratulations.

14 MR. WARD: Well, my father-in-law  
15 said that you are damn -- Yankees who stay  
16 here are damn Yankees.

17 DR. ALVERSON: Yeah. I've been  
18 told that many times.

19 All three states expressly impact  
20 that compounding has had on their workload,  
21 and you've heard us say that before, but I  
22 thought I'd throw in just for impact.

23 Dr. Garver is going to be here in

1 June early to meet with all of our  
2 investigators just to be sure that both sides  
3 are facilitating transfer of information,  
4 that we're getting for him the cases as  
5 quickly as he needs, and, also, that he  
6 understands sometimes we have to wait for  
7 those interviews to happen and data to come  
8 from the store. And it's not -- it's not as  
9 fast all the time as we might like.

10 I spoke to Dr. Garver last month,  
11 saying, would there be some way we could look  
12 at the data to know how many people he or the  
13 program actually has initial contact with and  
14 what happens to those people. And so, he  
15 called me two days ago, saying, I'm not good  
16 with Excel. So, here's the deal. I'm  
17 sending you two years worth of data. I'll  
18 have the third year worth of data shortly.  
19 And if you can put it into Excel, that would  
20 be wonderful for both of us, and then, we'll  
21 both know what the data is. So, we  
22 definitely plan on doing that.

23 We also had a meeting with the

1 Board of Medicine and the Board of Nursing.  
2 We're trying to get all three groups together  
3 every now and then just to keep those  
4 relationships going. Peggy Bonner is the new  
5 director of nursing. And it sounds like  
6 she's got some great ideas and some fence  
7 mending to do but --

8 MR. WARD: Is Janell Lee gone?

9 DR. ALVERSON: Yes. She stepped  
10 down. I believe she had some health issues.  
11 She'd been out for a number of months in the  
12 hospital.

13 So, both of those agencies had a  
14 great concern about pharmacists getting the  
15 doctor's names correct when they enter it in  
16 PDMP, because, as you know, the Board of  
17 Medicine is now following that very closely.  
18 They have one investigator who does nothing  
19 but look at that. So, if a mistake is made  
20 in entering the wrong name, it impacts it.  
21 And they're getting calls, we're getting  
22 calls. And I understand how easy that is to  
23 do. There's six John Smiths. You try to

1 pick the right one, the computer system pulls  
2 up the last physician who had a prescription  
3 for that patient, it's easy to just hit  
4 accept that rather than override it.

5           And the other thing is,  
6 apparently, not everybody is putting in the  
7 name of the physician assistant or the  
8 certified nurse practitioner. Some  
9 pharmacists are still putting in the name of  
10 the physician. And so, that's messing up  
11 PDMP information on that group of people.

12           So, I told them that I would talk  
13 to the responsible person for each of the  
14 chain pharmacies. I'm hoping APCI could  
15 maybe put a note in the newsletter. I know  
16 we'll have a chance to speak at APA. Just  
17 ask people to be mindful of that.

18           I would think that if we get the  
19 same name showing up over and over that we  
20 might want to do something. But, right now,  
21 I'm not suggesting that.

22           MR. BUNCH: And the doctors could  
23 help by putting in PI, correcting the API

1 number on all the prescriptions instead of  
2 like a hospital blank and there's a signature  
3 and just go like that (indicating), and then,  
4 you can't -- you know.

5 DR. ALVERSON: And I will make  
6 sure they know that.

7 MR. BUNCH: Yeah.

8 DR. ALVERSON: We received a call  
9 from a pharmacy this week, and I'm sure there  
10 are other pharmacies, that the hospital has  
11 residents, the resident wrote and signed the  
12 prescription, but the hospital --

13 DR. MARTIN: Medical residents?

14 DR. ALVERSON: Correct. I'm  
15 sorry. Medical residents.

16 But the hospital wants the name  
17 of the attending to be used. And they said  
18 the reason was -- and, Kelly, maybe you could  
19 help me -- they said Medicaid will not pay  
20 unless an attending signs. Is that true?

21 MS. NEWMAN: We do have policy in  
22 that a resident is not able to be enrolled.  
23 I can pull that language in just a minute.

1 DR. ALVERSON: No, I believe you.

2 MS. NEWMAN: I want to make sure  
3 that I'm not misspeaking. So --

4 DR. ALVERSON: Is that Alabama or  
5 Federal or --

6 MS. NEWMAN: My recollection is  
7 that that's a Federal rule. And I can pull  
8 that and get that for you later this  
9 morning if you need it right now.

10 DR. ALVERSON: I can see where  
11 that's an issue. The attending, I'm sure, is  
12 not in clinic. Residents are writing the  
13 prescriptions. They're not --

14 MR. BUNCH: So, you get a  
15 prescription on Friday afternoon at 5:00  
16 o'clock the resident wrote. Yeah. Right. I  
17 know you know all this. But the resident  
18 writes the prescription, and then, we're  
19 going to try to track down and see who the  
20 attending physician is.

21 DR. MARTIN: I'm not sure how you  
22 would know that you even needed to do that.

23 MR. BUNCH: You really wouldn't.

1 You don't know who -- it's a bad situation.  
2 I don't know if there's a real good answer  
3 for that.

4 DR. ALVERSON: And I don't know  
5 if they realize it, because the resident  
6 doesn't have their own DEA number yet.

7 MR. BUNCH: Yeah.

8 DR. ALVERSON: They're still  
9 using the hospital's number.

10 MS. NEWMAN: That may be the crux  
11 of the issue. There was Federal -- a mandate  
12 that was passed down within the past two to  
13 three years in that each ordering,  
14 prescribing, referring physician must have a  
15 DEA on file and the appropriate Federal  
16 license on file even for noncontrolled so  
17 that this intern does not have that  
18 information -- does not have that yet so that  
19 it has to be the physician that's in  
20 oversight. So, I'm going to pull that, but  
21 that may be the reasoning, the madness behind  
22 the reasoning.

23 DR. ALVERSON: But couldn't a

1 resident get a DEA number?

2 DR. MARTIN: They usually -- I  
3 know in our case, the house staff, they apply  
4 for that, but it may not come in as quickly  
5 as they need to start practicing as a  
6 resident. So, like at DCH, we do not allow  
7 the hospital's DEA number to be provided to  
8 the resident. The way it's supposed to  
9 happen, if the hospital agrees to do that,  
10 then, you take a hospital's DEA number, put  
11 letters on the end of it, A, B, C, D, E.  
12 Some hospitals allow that. Some don't. In  
13 our case, we don't allow that. And so,  
14 they're seeking to get their number, but it  
15 probably hasn't come in yet.

16 DR. ALVERSON: Would that be an  
17 appropriate topic to discuss at the hospital  
18 society meeting, to bring it -- are you doing  
19 the report?

20 DR. MARTIN: I am doing the  
21 report, and I don't know what we can do about  
22 it. Let's say that there was a house staff  
23 in the hospital and they want to prescribe a

1 controlled substance, in our case, if they  
2 don't have their DEA number, they have to go  
3 to an attending or someone, a second year or  
4 third year, to get that, to get them to write  
5 the controlled substance, because they don't  
6 have the authority to do that.

7 DR. ALVERSON: I was just  
8 wondering if that's P&T, if some of those  
9 policies coming out of the P&T committee.

10 MS. LEOS: Well, what I can say  
11 is that, Kelly, if you can get us some of the  
12 information, we'll be happy to disseminate  
13 that amongst the ALSHP, like the Directors of  
14 Pharmacy, and let's see what we have.

15 Is it for both controlled and not  
16 controlled, you're thinking?

17 DR. ALVERSON: Uh-huh.

18 MS. LEOS: So, I mean, even if  
19 they write for an amoxicillin kind of thing,  
20 it's an issue?

21 DR. ALVERSON: And, apparently,  
22 when they've called the hospital, they said,  
23 well, just tell the patient to go to a

1 different pharmacy, then. Yeah. Where have  
2 I heard that before?

3 MS. LEOS: Well, yeah. Yeah,  
4 physicians don't quite understand that  
5 process.

6 MR. BUNCH: Is there something in  
7 the law that -- or did I dream this up --  
8 that went through a few years ago, several  
9 years ago, where a physician had to have a  
10 stamp or have their numbers on a prescription  
11 like not just would like for you to do it but  
12 that they had to do it? Did I dream that or  
13 is that something that's out there?

14 DR. ALVERSON: I can't answer  
15 that.

16 MR. BUNCH: Yeah.

17 DR. ALVERSON: I mean, I don't  
18 know.

19 MR. BUNCH: Well, what I'm  
20 getting -- you know, you get the physicians,  
21 I know they call the office, and, inspectors,  
22 you know, and, say, a pharmacist has reported  
23 the wrong -- recorded them on a PDMP, and

1 they didn't write the prescription. And I  
2 thought it might be interesting if we just  
3 maybe -- not say Eddie's guys go out to the  
4 store, but maybe call the pharmacy and say,  
5 look at this prescription and see why you did  
6 that, if it's just laziness on the  
7 pharmacist's part or if it was something that  
8 they just didn't have the information and  
9 they took the best stab at it that they could  
10 to get the -- to get the medication to the  
11 patient.

12 DR. ALVERSON: But we could, when  
13 we get those calls, ask if they could FAX us  
14 a copy of the prescription.

15 MR. BUNCH: Uh-huh. Uh-huh. And  
16 at least see -- you know, if we've got  
17 pharmacists that are just lazy and they're  
18 not doing the right thing, that's one thing.  
19 But if they don't have like a -- say, it's a  
20 Saturday or 5:30 on Friday, and, you know --  
21 this came up at a Blue Cross meeting awhile  
22 back, you know, some of the PBMs will take  
23 back money if you have the wrong doctor on

1 the prescription. And so, what do you do?  
2 Do you tell the patient, well, I can't fill  
3 your prescription because your insurance  
4 won't allow me to? You know, does the  
5 insurance company want us to do that or we  
6 try to get the patient's medication to them  
7 in a reasonable way, and then, report it as  
8 best we can. There's got to be some way that  
9 we don't make the patient suffer, you know,  
10 without the medication if we don't have the  
11 correct --

12 DR. ALVERSON: And I'm glad to  
13 present that data to the Medical Board and  
14 ask them to put something -- but I've got to  
15 go with something in hand. So --

16 DR. MARTIN: Well, the good news  
17 is, the dialogue is open. Those  
18 relationships --

19 MR. ALVERSON: Right.

20 DR. MARTIN: -- are in a good  
21 situation.

22 So, it's, you know, a good time  
23 to be having that discussion.

1 DR. ALVERSON: Right. We met  
2 with the DEA investigators last week, or one  
3 of the divisions. We saw them at a meeting,  
4 and they said, you know, we don't understand  
5 about compounding. We said, we'll be glad to  
6 talk to you about it. And so, they came here  
7 for a day, and we did a dog and pony show. I  
8 was the dog and Eddie was the pony.

9 MR. WARD: I would have thought  
10 Eddie was both.

11 MR. BRADEN: Multitalented here,  
12 Mr. Ward.

13 DR. ALVERSON: You've already  
14 heard that the auditor will most likely wrap  
15 up next week. So far, what we've heard are  
16 the two things that I've reported here, that  
17 in 2013, there's a longevity pay -- I mean,  
18 it's a very small amount, but it was  
19 calculated wrong. And so, about seven people  
20 were overpaid by seventy-five to a hundred  
21 dollars. And so, that has to go back. It  
22 has to be recouped and has to go back into  
23 our treasury.

1                   But, also -- and I haven't seen  
2 the numbers on this yet, but the auditor has  
3 told me, there's been -- there was some  
4 overtime pay for investigators that was also  
5 calculated wrong, and they were shorted. So,  
6 we have to pay that.

7                   All right. So far, that's all  
8 I've heard.

9                   Computers, never a good word.  
10 Joe Wilson, who is our other lawyer, has been  
11 negotiating with GLS. The most recent that  
12 I've heard is GLS is claiming that we  
13 converted projects to tasks, and we have used  
14 up all the way through June of what they owed  
15 us. The fact is, we told them to stop all  
16 projects that were in process at least two  
17 months ago. And we were without many  
18 projects being completed. So, I have  
19 e-mailed Joe to say, I want to see a printout  
20 of what we've used.

21                   They say they will renegotiate  
22 the contract with us for June through the end  
23 of August, but they will only do it at the

1 maximum rate.

2 DR. MARTIN: That's not a  
3 surprise.

4 DR. ALVERSON: No, it's not. And  
5 I think they realize, we can't go anyplace  
6 else. There's nothing we can do going  
7 forward. I'm sure there are things, once we  
8 get our data out of the system, that we can  
9 do. But right now, I'll do whatever you  
10 decide is the best thing to do.

11 DR. MARTIN: What will be the  
12 budgetary impact of that do you predict?

13 DR. ALVERSON: I don't think it  
14 will have a major impact because we were  
15 paying at a rate of ten thousand dollars per  
16 month. And their lowest price is seven  
17 thousand, five hundred dollars per month.  
18 So, I mean, it's not going to make or break  
19 us. It's just the wrong way to do business,  
20 in my mind. Signing a new contract shouldn't  
21 be there's only one price, and it's the  
22 maximum.

23 I've also spoken to the person

1    who's looking at the data for our new system.  
2    And he said their people have looked at the  
3    data and have said, oh, my, gosh. I mean,  
4    who sets up programs like this? And so,  
5    we're just saying it's going to be a lot more  
6    work. We're not asking for anymore money.  
7    We just want you to know this is a  
8    hodgepodge. We will be done on time. We  
9    will ask for no more money. We just want you  
10   to know what we see when we open it up.

11                   MR. DARBY: They do think they  
12   will be able to do on-line renewals --

13                   DR. ALVERSON: Yes.

14                   MR. DARBY: -- this fall?

15                   DR. ALVERSON: They're telling us  
16   that we will have two months to play with it  
17   before renewals, which is -- we're used to  
18   two days before we had to implement it.

19                   DR. MARTIN: Great. Anything  
20   else for us?

21                   DR. ALVERSON: I wanted to let  
22   you know there was a bill in the legislature  
23   just so I've got this on the record. There

1 was an effort by the state government to take  
2 over all property. I know you're all aware  
3 of that, but I don't know if everybody else  
4 is. The Medical Board and the Pharmacy Board  
5 said, we own our own building. This did not  
6 come from taxpayer money. This came from  
7 pharmacists. And you're not Robin Hood.

8 So, fortunately, people that knew  
9 pharmacists, people made phone calls, and  
10 we've -- pharmacy and medicine were left out  
11 of -- we're removed from that piece of  
12 legislation.

13 DR. MARTIN: Yeah, our thanks to  
14 the people that assisted with that.

15 DR. ALVERSON: Yes, definitely.  
16 That's it. I'm done.

17 DR. MARTIN: Any questions for  
18 Susan?

19 (No response.)

20 DR. MARTIN: Thank you, Susan.  
21 Good report.

22 MS. YEATMAN: It was a busy  
23 month.

1 DR. ALVERSON: Pardon?

2 MS. YEATMAN: It was a busy  
3 month.

4 DR. MARTIN: Mr. Ward, from the  
5 Board's attorney's prospective, do you have  
6 anything for us today?

7 MR. WARD: Everything is in  
8 executive session, but I'll say this: The  
9 last six months have been the busiest that I  
10 can recall -- the last six months or so have  
11 been the busiest I can recall from my work  
12 that I've had to do. And it's all because of  
13 all the different new things that Susan is  
14 doing, which are all good things, and that  
15 Eddie are doing, which are all good things.  
16 It's resulting in actions that need to be  
17 taken, which are all good things. And I  
18 don't see any letup.

19 And in talking to lawyers --  
20 other lawyers who represent pharmacy boards  
21 in other states, they're seeing the same  
22 thing, both because compounding is such an  
23 issue and the DEA has become more aggressive.

1 And it looks like the FDA is as well. So,  
2 that all creates more for everybody to do.  
3 And I don't see the end in sight really for a  
4 while.

5                   And I don't know if you've seen  
6 this yet, Susan, and, y'all, but I didn't  
7 read it, but I thought a new issue of the  
8 NABP monthly magazine looked like the lead  
9 article was them trying to help share in  
10 investigations and inspections for boards,  
11 which is part of, I think, their  
12 nationalization efforts. I don't know if you  
13 want to talk about that. That's all I have.  
14 Everything else is for executive session.

15                   DR. ALVERSON: Just I've been  
16 thinking about that, and I wondered if the  
17 Board should ask for an opinion from our  
18 state attorney general to say that, you know,  
19 what we do is law in Alabama. That we can't  
20 just turn it over to somebody else. That  
21 information about people in Alabama and  
22 businesses in Alabama are not -- cannot just  
23 be shared here, there, and everywhere.

1                   MR. WARD: I would think that --  
2 I would think that under Alabama law,  
3 documents or records which are considered  
4 public in nature, if the Board wanted to,  
5 they could share for a valid reason. But  
6 those things which are not considered public,  
7 which are a bunch of them, obviously, should  
8 not. And, to me, it's no different when we  
9 get a -- for example, when the Board gets a  
10 subpoena -- let's say there's a divorce going  
11 on involving a licensee of this Board, and  
12 the spouse subpoenas all their records.  
13 Well, I hope you don't think the Board just  
14 says, come on, get them. That's not how it  
15 works. A motion is filed saying that we will  
16 not produce anything other than public  
17 records unless the licensee in writing agrees  
18 or a court orders it.

19                   So, I don't see any difference in  
20 that than I -- or in a -- or in a -- or in a  
21 civil case, the same thing may happen. So, I  
22 don't see any difference in that and in what  
23 NABP is trying to do. We should have the

1 same, same approach.

2 DR. ALVERSON: I will also say on  
3 record because I mentioned this in my  
4 discussion with NABP. We have seen two  
5 investigative reports that NABP has done. In  
6 one case -- and the person who inspects  
7 doesn't say good or bad. The person just  
8 fills out a form, it goes in, and somebody  
9 else makes the decision whether this is good  
10 or bad.

11 But one of the reports ended up  
12 with the pharmacy being approved. I was  
13 along just as a guest. Came back to the  
14 office, called Jim and said, get me an  
15 emergency order to shut this place down at  
16 least temporarily. But NABP investigation  
17 said, go thy way and, you know, continue to  
18 prosper.

19 MR. WARD: Well, yeah. What was  
20 interesting about it, when they did this --  
21 you know, they did this thing with Iowa.

22 DR. ALVERSON: Right, it was with  
23 Iowa. But since --

1                   MR. WARD: But they didn't want  
2 to share theirs, right?

3                   DR. ALVERSON: No. No, they  
4 won't tell you.

5                   MR. WARD: Yeah.

6                   DR. ALVERSON: But since then,  
7 another state has had people come in using  
8 NABP. And Cristal and I both were there.

9                   DR. MARTIN: The VAP program?

10                  DR. ALVERSON: VPP?

11                  DR. MARTIN: VPP program?

12                  DR. ALVERSON: Right. You know,  
13 and after I saw the report, I called the  
14 director in that state to say, you need to  
15 know what happened, because if you're going  
16 to rely on that report -- so, that makes me  
17 nervous.

18                  DR. MARTIN: Did you get an  
19 answer to your question? I think you asked,  
20 does it make sense to go to the AG and ask  
21 this or was the information from Jim  
22 satisfactory to say we don't need to do that?

23                  MR. WARD: Well, I think it's a

1 discussion y'all need to have about what is  
2 considered public. If you want to share  
3 public information, you can. It will be up  
4 to you to do, if so, and how. There's a lot  
5 of documents that aren't public.

6 DR. ALVERSON: It's easier for me  
7 taking the easy way out when I get in those  
8 discussions with outside groups to say, hey,  
9 I just can't. So, let's not even have this  
10 discussion.

11 MR. WARD: And don't forget that  
12 every public adverse action taken is sent to  
13 NABP. So, it's not like they don't know  
14 what's going on down here or what the Board's  
15 doing. Plus, every year, they publish a book  
16 of all the laws in every state on various  
17 subjects. We spent a lot of time going  
18 through that and making it correct. So, it's  
19 not like, you know, we aren't sharing them  
20 now with them.

21 DR. ALVERSON: It would be an  
22 interesting topic if there's a meeting for  
23 lawyers of boards to see where they stand.

1 DR. MARTIN: That would be an  
2 interesting meeting.

3 DR. ALVERSON: If there is such a  
4 meeting.

5 MR. DARBY: Well, for example,  
6 the special reports that investigators do,  
7 that wouldn't be considered public, would it?

8 MR. WARD: No.

9 MR. DARBY: No?

10 MR. WARD: No.

11 DR. MARTIN: Let's do this: I  
12 think what I heard was, it would be  
13 worthwhile for the Board -- for the Board  
14 members to be polled to see where they stand  
15 on this issue of releasing information that  
16 might be considered public information and  
17 give you some guidance on what to do.

18 DR. ALVERSON: You know, and if  
19 you would like to have a discussion about  
20 that, you know, to see what other options we  
21 have.

22 DR. MARTIN: Yeah. Sounds good.

23 MR. DARBY: Do you want to put

1 that on the June agenda to talk about?

2 DR. ALVERSON: That's up to you.

3 MR. DARBY: Why don't we do that.

4 DR. ALVERSON: I would be

5 interested in hearing it.

6 MR. DARBY: Yeah. Put it on June

7 or July.

8 DR. MARTIN: So, let's do this so

9 that we don't -- can you just poll the

10 individual board members individually so we

11 don't have to come together --

12 DR. ALVERSON: Yes.

13 DR. MARTIN: -- and just say, do

14 you have an opinion about this and do you

15 want to add --

16 MR. DARBY: You have to do that

17 in --

18 MR. WARD: I'm not sure you

19 can -- I'm not sure you can do that, no.

20 DR. ALVERSON: Can I have a --

21 MR. WARD: I think that merits a

22 public discussion about public information.

23 DR. MARTIN: Okay.

1                   MR. DARBY:  Why don't we do --  
2    why don't we do this --

3                   DR. ALVERSON:  I'll figure it  
4    out.

5                   MR. DARBY:  -- we send -- why  
6    don't we send the NAPB article out so  
7    everybody has that as a background.

8                   DR. ALVERSON:  All right.

9                   MR. DARBY:  And then, we can, you  
10   know -- and that'll give the individual board  
11   members time to look that over.  If they have  
12   any questions of what -- you know, what it  
13   might pertain to, they can ask you, and then,  
14   we can discuss it at the June meeting.

15                  DR. MARTIN:  Yeah --

16                  DR. ALVERSON:  All right.

17                  DR. MARTIN:  -- that would be --  
18   I guess that would be old business, and we'll  
19   bring it up in June.

20                  Good.

21                  DR. ALVERSON:  I have one more  
22   thing.  I'm sorry.

23                  DR. MARTIN:  Please go ahead.

1 DR. ALVERSON: Maybe I forgot to  
2 put it on here. We have to have a reply to  
3 FDA by June 10th, is that the date, to say  
4 what we thought about the meeting that we  
5 attended in Washington, where we stand about  
6 the memoranda of understanding. So, that  
7 will be before the next board meeting.

8 MR. DARBY: Just my perspective  
9 on it, we don't know -- we don't know enough  
10 about a memorandum of understanding and how  
11 it does or does not conform to Alabama law.

12 MR. WARD: Plus, there was so  
13 much -- there's so much ambiguity and  
14 different opinions, I think we should wait  
15 for some clarification before we -- I mean,  
16 what are we responding to? It's going to  
17 change.

18 DR. ALVERSON: Well, they did --  
19 I mean, they gave us a memorandum of  
20 understanding.

21 MR. DARBY: But it was just a  
22 draft, wasn't it?

23 DR. ALVERSON: It was a draft --

1 MR. DARBY: Yeah.

2 DR. ALVERSON: -- but they asked  
3 us to comment on the draft.

4 So, if our vote, I'm afraid, will  
5 be seen as it's fine with us unless we make  
6 some comments.

7 MR. DARBY: Well, I think our  
8 comment is that we have to get clarification  
9 from our attorney general's office on several  
10 issues, one, who is actually legally able to  
11 sign that document. You know, I don't see  
12 how we can sign it because it also applies to  
13 the Board of Medical Examiners. So, I don't  
14 think they're going to let us do it. I'm not  
15 sure if it's the governor or the attorney  
16 general -- I don't know who could actually --

17 MR. WARD: And there's also --  
18 and there's also questions about how it's to  
19 be enforced.

20 DR. ALVERSON: Right.

21 MR. WARD: I mean, there's so  
22 many questions about it.

23 MR. DARBY: That would be my

1 response --

2 DR. ALVERSON: All right.

3 MR. DARBY: -- that until we get  
4 that resolved, we don't have a position on  
5 it.

6 MS. YEATMAN: The long and short  
7 is we're not signing it --

8 MR. DARBY: Yeah.

9 DR. ALVERSON: Right.

10 MS. YEATMAN: -- right now  
11 because we --

12 MR. BUNCH: Maybe that's what  
13 they're asking for is what David and Jim  
14 said.

15 DR. ALVERSON: Well, and that's  
16 what I --

17 MR. BUNCH: Yeah.

18 MR. DARBY: Yeah.

19 DR. ALVERSON: That's all I would  
20 suggest we send.

21 MR. BUNCH: Let them know -- let  
22 them know what problems we have with it.

23 MR. WARD: I would say they

1 aren't opposed -- the Board is not  
2 essentially opposed to entering into a  
3 memorandum of understanding, but until we  
4 know we can do so and what the concrete terms  
5 are, we just --

6 DR. ALVERSON: Cannot, right.

7 I should tell you, Mississippi  
8 has decided that they are not going to  
9 license outsourcing facilities because since  
10 FDA will be inspecting them, they didn't want  
11 to take on the liability of licensing them.  
12 So, they decided if it's the FDA's baby,  
13 then, let FDA inspect it.

14 DR. MARTIN: I don't think that's  
15 a good idea.

16 DR. ALVERSON: Just to let you  
17 know that that is their decision.

18 DR. MARTIN: That's another NECC  
19 in the making.

20 Thank you, Susan. Thank you,  
21 Jim. That was a good discussion. We'll add  
22 to the agenda for the next meeting under old  
23 business further discussion about that topic.

1                   Moving into old business, we have  
2 one item of old business related to automated  
3 dispensing in long-term care facilities.

4                   MR. DARBY: It's been long  
5 awaited, but I would like to make a motion to  
6 send the amendment to the Institutional  
7 Pharmacy Rule 680-X-2-.18 pertaining to  
8 automated dispensing systems to LRS. And all  
9 of you can look at it. It's on our website.  
10 It's after the agenda, there's an attachment  
11 to it. And I think you'll have a thirty-day  
12 comment period.

13                  DR. MARTIN: So, do y'all  
14 understand where it is and how to get to it?  
15 Okay.

16                  MR. DARBY: It's a motion.

17                  MS. YEATMAN: Second it.

18                  DR. MARTIN: Okay. We have a  
19 motion. We have a second. Do we have any  
20 discussion?

21                                (No response.)

22                  DR. MARTIN: Seeing none, we'll  
23 call for a vote. All those in favor, say

1     aye.

2                     MR. DARBY:    Aye.

3                     MS. YEATMAN:  Aye.

4                     MR. BUNCH:   Aye.

5                     DR. MARTIN:  Any opposed by the  
6     same sign?

7                     (No response.)

8                     DR. MARTIN:  Motion passes.

9                     Do we have any new business  
10    today?

11                    MR. DARBY:  We have the auditor  
12    that we --

13                    DR. ALVERSON:  I'll go get her.

14                    DR. MARTIN:  We are going to hear  
15    from -- and I'm sorry.  I don't know her  
16    name.

17                    DR. ALVERSON:  Billie.  What's  
18    her last name?

19                    MS. LEOS:  Alibi, A-l-i-b-i.

20                    DR. ALVERSON:  Has anybody heard  
21    how the bill for collaborative practice is  
22    doing?

23                    DR. MARTIN:  I've heard

1 conflicting reports.

2 MR. ALVERSON: It doesn't  
3 surprise me.

4 DR. MARTIN: Some are encouraged  
5 and some are not. So --

6 MR. WARD: Tracy, have you got  
7 any news about that?

8 MS. DAVIS: I don't, and I  
9 haven't heard anything.

10 DR. MARTIN: Thank you for  
11 joining us. Tell us your name.

12 MS. ALIBI: My name is Billie  
13 Alibi.

14 DR. MARTIN: Nice to have you.  
15 Please have a seat.

16 MS. ALIBI: Oh, thank you.

17 DR. MARTIN: I guess there are a  
18 couple of things you might could help us with  
19 this morning. One is, just if it's possible,  
20 and I don't even know if I can ask you this  
21 or if I'm asking you something you can't do,  
22 just say you can't do this, how's the audit  
23 going?

1 MS. ALIBI: Oh, you can ask that.  
2 I welcome those questions.

3 It's going well. There's nothing  
4 much different -- that's a lot different from  
5 the last audit. So --

6 DR. MARTIN: Good. Thank you.  
7 We've heard good reports.

8 Specifically, we had an issue  
9 come up, actually, this morning, and we're  
10 not exactly sure how to respond to it, and we  
11 were hoping that you might be able to point  
12 us in the right direction. We have some  
13 documents that need to be signed today by the  
14 president. He is the official signatory for  
15 these documents. And he happens to be out of  
16 town on other business. And we have a need  
17 for these to be signed. And we were  
18 wondering what do other agencies do in those  
19 situations and what kind of options do we  
20 have?

21 MS. ALIBI: Okay. I'm going to  
22 say first for the record, I'm not authorized  
23 to speak for my department.

1 DR. MARTIN: We understand.

2 MS. ALIBI: Okay. And what I can  
3 say, if there's nothing specific in the law  
4 that requires this particular person to sign  
5 it or maybe the Board has other rules that  
6 says -- that has established procedures who  
7 can sign in the absence of who. And -- oh, I  
8 see Mr. Ward is here.

9 Morning.

10 MR. WARD: There's a section --  
11 there's a section that says it. I was trying  
12 to hide from you.

13 MS. ALIBI: Okay.

14 DR. MARTIN: As far as we know,  
15 at least in the times since I've been here,  
16 this has not come up. And we can haul these  
17 documents to the NABP meeting.

18 MR. DARBY: Well, I was going to  
19 say, I can take them to him today --

20 MR. WARD: I think the vice  
21 president --

22 DR. ALVERSON: Oh, really?

23 MR. DARBY: -- if we have to do

1 it.

2 I have nothing better to do --

3 DR. ALVERSON: I'm sure.

4 MR. DARBY: -- than to drive to  
5 Satsuma.

6 MR. WARD: I think the -- I think  
7 the vice president can. It says, the  
8 President of the Board shall preside all the  
9 Board's meetings. The vice president shall  
10 preside in the absence or inability of the  
11 president. If something needs to be signed  
12 or resolved in a meeting or something, I  
13 think the vice president can sign.

14 DR. MARTIN: So, if you'll help  
15 us, Susan, identify those documents that are  
16 the most critical to be signed today, we'll  
17 do that.

18 DR. ALVERSON: Does that sound  
19 legitimate with you?

20 MS. ALIBI: I have no problem  
21 with that. But like I said, I don't speak  
22 for my department.

23 DR. ALVERSON: Well, we

1 understand that, but you must have seen other  
2 agencies that do something. So --

3 MS. ALIBI: That's exactly what  
4 they just said.

5 MR. WARD: They usually have a  
6 statute. The statute usually says it.

7 MS. ALIBI: If the statute does  
8 not prohibit it and you have procedures  
9 already set in place as to who can sign for  
10 who in the absence or who the law even  
11 authorized to do it, if that's already there,  
12 I don't see -- but I don't have any issues  
13 with that.

14 DR. ALVERSON: Okay.

15 DR. MARTIN: Great. Sounds like  
16 we have a short-term answer.

17 DR. ALVERSON: Yes.

18 MR. DARBY: Thank you.

19 DR. MARTIN: Any questions or  
20 other comments you'd like to --

21 MS. ALIBI: Well, if y'all have  
22 one more authority answers other than what  
23 Mr. Ward can give you, I don't think I can

1 give you anything better, you can address it  
2 to Archie, and it will be official.

3 DR. MARTIN: All right. Okay.  
4 Great. Thank you. Thank you for being here  
5 today.

6 MS. ALIBI: Thank you.

7 DR. ALVERSON: Thank you, Billie.

8 MS. ALIBI: Thank you.

9 DR. MARTIN: Any other new  
10 business we need to cover today? Board  
11 members? Nothing?

12 (No response.)

13 DR. MARTIN: Susan, do you have  
14 anything else?

15 (No response.)

16 DR. MARTIN: Jim?

17 MR. WARD: No, just in executive  
18 session.

19 DR. MARTIN: Okay. Well, at this  
20 time, we'll begin the process of moving into  
21 executive session if there's no additional  
22 new business. There's some information I  
23 need to read for the record as we prepare to

1 do that.

2                   At this time, we will go into  
3 executive session for the purpose of  
4 discussing the competencies and/or  
5 qualifications of professionals, permit  
6 holders, registrants, and other legal matters  
7 to include the resolution of existing cases.  
8 We'll start executive session at 10:30. The  
9 public meeting will resume at 11:20. And as  
10 we finish up that portion from the executive  
11 session, at that time, you may want to  
12 understand there will be no further business  
13 conducted except to vote on those matters  
14 discussed in the executive session. You're  
15 welcome to come back, but it's probably not a  
16 thrilling part of the business meeting to sit  
17 in on.

18                   So, board members, we will need  
19 an individual voice vote to go into executive  
20 session.

21                   Mr. Bunch, how do you vote?

22                   MR. WARD: You need to make a  
23 motion first. Somebody needs to make a

1 motion. It needs to be seconded first. You  
2 just made the motion.

3 MR. DARBY: You made the motion.  
4 I'll second it.

5 DR. MARTIN: I made it. Okay.  
6 There's no need for any discussion on the  
7 motion. So, all those in favor --

8 MR. WARD: I need to say -- I  
9 need to say as a lawyer licensed to practice  
10 law in the State of Alabama, I certify that  
11 one of the reasons for going in executive  
12 session is to discuss the possible resolution  
13 of pending matters before the Board, legal  
14 matters before the Board.

15 DR. MARTIN: Thank you, Mr. Ward.  
16 So, we need individual votes on  
17 the motion.

18 Mr. Bunch?

19 MR. BUNCH: I vote aye.

20 DR. MARTIN: Ms. Yeatman?

21 MS. YEATMAN: Aye.

22 DR. MARTIN: Mr. Darby?

23 MR. DARBY: Aye.

1 DR. MARTIN: I vote aye.

2 So, we will go into executive  
3 session. Thank you for coming today.

4 MR. WARD: Okay. We need to say  
5 when executive session will end.

6 DR. MARTIN: I did.

7 DR. ALVERSON: He said that.

8 MR. WARD: You did?

9 DR. MARTIN: Yeah. Okay. So, we  
10 are now going into executive session. We'll  
11 take a break until the time we start  
12 executive session. Thank you for being here  
13 today.

14

15 (Whereupon, a recess was taken  
16 for executive session from 10:14  
17 a.m. to 12:06 p.m.)

18

19 DR. MARTIN: This is the Alabama  
20 Board of Pharmacy coming out of executive  
21 session, and we're ready to consider actions  
22 related to the topics that we discussed.

23 MS. YEATMAN: Okay. Concerning

1     investigative reporting, Case Number 14-0161,  
2     recommended action is letter of concern,  
3     professional misconduct. Pharmacy  
4     representative was not maintaining a  
5     professional relationship with the  
6     physician's office. The pharmacy must remove  
7     any pharmacy specific information on  
8     prescription blanks.

9                     Case Number -- I'm sorry.

10                    MR. DARBY: Do We have to vote on  
11     them individually?

12                    DR. MARTIN: Yes.

13                    MR. DARBY: That was a motion. I  
14     second that motion.

15                    MR. WARD: That's a song, isn't  
16     it? No, that's emotion.

17                    MS. YEATMAN: Case Number 15 --

18                    DR. MARTIN: We've got to vote.

19                    Okay. We have a motion. We have  
20     a second. How do you -- how do you vote?

21                    MR. BUNCH: Aye.

22                    MR. DARBY: Aye.

23                    MS. YEATMAN: Aye.

1 DR. MARTIN: Any opposed?

2 (No response.)

3 DR. MARTIN: Next.

4 MS. YEATMAN: Case Number 15-  
5 0062, recommended action is letter of concern  
6 and corrective action.

7 MR. DARBY: That's the second.

8 DR. MARTIN: Do we have a second?

9 MR. DARBY: I second it.

10 DR. MARTIN: We have a motion to  
11 accept the recommendation as submitted and a  
12 second.

13 All those in favor, aye.

14 MS. YEATMAN: Aye.

15 MR. BUNCH: Aye.

16 MR. DARBY: Aye.

17 DR. MARTIN: Anyone opposed?

18 (No response.)

19 DR. MARTIN: It passes. Next.

20 MS. YEATMAN: Case Numbers 15-  
21 0048 and 15-0032, warning letter and  
22 corrective action.

23 MR. WARD: Oh, I forgot to talk

1 about the case. We've got to stay in  
2 session. Go ahead.

3 MR. DARBY: I second the motion.

4 MS. YEATMAN: All those in favor.

5 DR. MARTIN: So, do we have a  
6 motion?

7 MR. DARBY: Yeah, I second.

8 DR. MARTIN: Did I hear a second?  
9 I did hear a second.

10 All those in favor of receiving  
11 the recommendation, please say aye.

12 MR. DARBY: Aye.

13 MS. YEATMAN: Aye.

14 MR. BUNCH: Aye.

15 DR. MARTIN: Any opposed?

16 (No response.)

17 DR. MARTIN: Next.

18 MS. YEATMAN: Case Numbers 15-  
19 0020 and 15-0042, explanation of corrective  
20 action.

21 MR. DARBY: I second that motion.

22 DR. MARTIN: There's a motion and  
23 a second.

1 All those in favor, aye.

2 MR. BUNCH: Aye.

3 MS. YEATMAN: Aye.

4 MR. DARBY: Aye.

5 DR. MARTIN: Any opposed?

6 (No response.)

7 DR. MARTIN: Next.

8 MS. YEATMAN: Case Numbers 15-  
9 0035, 15-0038, 15-0041, 15-0047, and 15-0055,  
10 no violation.

11 MR. DARBY: I second that motion.

12 DR. MARTIN: We have a motion to  
13 second.

14 All those in favor of receiving  
15 the recommendation as proposed, say aye.

16 MR. BUNCH: Aye.

17 MS. YEATMAN: Aye.

18 MR. BUNCH: Aye.

19 DR. MARTIN: Any opposed?

20 (No response.)

21 DR. MARTIN: Next.

22 MS. YEATMAN: Case Number 15-  
23 0022, 15-0036, 15-0050, and, finally, 15-

1 0054, permanent surrender.

2 MR. DARBY: I second that motion.

3 DR. MARTIN: We have a motion to  
4 receive these as recommended, and we have a  
5 second.

6 All those in favor say aye.

7 MR. BUNCH: Aye.

8 MS. YEATMAN: Aye.

9 MR. DARBY: Aye.

10 DR. MARTIN: Any opposed?

11 (No response.)

12 DR. MARTIN: Any further business  
13 related --

14 MR. WARD: Yes.

15 MR. DARBY: We need to go back  
16 into executive session.

17

18 (Whereupon, a recess was taken  
19 for executive session from 12:15  
20 p.m. to 12:18 p.m.)

21

22 MR. DARBY: We're adjourned.

23

FURTHER DEPONENT SAITH NOT.



**WORD INDEX**

## &lt; 0 &gt;

**0020** 69:19  
**0022** 70:23  
**0035** 70:9  
**0048** 68:21  
**0054** 71:1  
**0062** 68:5

## &lt; 1 &gt;

**1** 72:23  
**10:14** 66:16  
**10:30** 64:8  
**10th** 52:3  
**11:20** 64:9  
**111** 1:19  
**12:06** 66:17  
**12:15** 71:19  
**12:18** 71:20  
**126** 72:21  
**13** 1:9  
**14-0161** 67:1  
**15** 67:17 68:4, 20  
 69:18 70:8, 22, 23  
 72:22  
**15-0032** 68:21  
**15-0036** 70:23  
**15-0038** 70:9  
**15-0041** 70:9  
**15-0042** 69:19  
**15-0047** 70:9  
**15-0050** 70:23  
**15-0055** 70:9  
**15th** 17:6  
**18** 72:23

## &lt; 2 &gt;

**2013** 38:17  
**2015** 1:9 15:13  
**26** 72:23

## &lt; 3 &gt;

**30** 72:22  
**35242** 1:20

## &lt; 5 &gt;

**5:00** 31:15  
**5:30** 36:20

## &lt; 6 &gt;

**60s** 22:8  
**680-X-2-18** 56:7

## &lt; 9 &gt;

**9** 72:22  
**9:12** 1:10

## &lt; A &gt;

**a.m** 1:10 66:17  
**able** 4:5 20:4, 8  
 21:22 23:23 30:22  
 41:12 53:10 59:11  
**absence** 4:6 60:7  
 61:10 62:10  
**accept** 13:7, 10  
 29:4 68:11  
**access** 20:1  
**action** 48:12 67:2  
 68:5, 6, 22 69:20  
 72:15  
**actions** 43:16  
 66:21  
**activities** 18:9  
**add** 12:11 50:15  
 55:21  
**addition** 8:18  
**additional** 63:21  
**address** 5:3 63:1  
**adjourned** 71:22  
**adopt** 4:9, 12 17:5,  
 10, 16  
**adopted** 4:20  
**adoption** 17:2  
**adverse** 48:12  
**afraid** 53:4  
**afternoon** 31:15  
**AG** 47:20  
**agencies** 18:20  
 22:4, 14 28:13  
 59:18 62:2  
**Agency** 18:15  
**agenda** 4:10, 12, 19  
 7:10 50:1 55:22  
 56:10  
**aggressive** 43:23  
**ago** 27:15 35:8, 9  
 39:17

**agrees** 33:9 45:17  
**ahead** 51:23 69:2  
**ALABAMA** 1:2, 18,  
 20 4:2 7:2, 3, 5  
 17:6 23:22 24:2  
 26:4 31:4 44:19,  
 21, 22 45:2 52:11  
 65:10 66:19 72:3  
**Alibi** 57:19 58:12,  
 13, 16 59:1, 21  
 60:2, 13 61:20  
 62:3, 7, 21 63:6, 8  
**A-l-i-b-i** 57:19  
**allow** 13:12 25:23  
 33:6, 12, 13 37:4  
**allows** 20:1  
**ALSHP** 5:7 34:13  
**Altered** 19:9  
**alternatives** 10:6  
**Alverson** 2:11  
 14:16, 18 16:16  
 18:12 21:16 23:6,  
 8, 13, 16, 20 25:12,  
 16, 21 26:1, 7, 11,  
 17 28:9 30:5, 8, 14  
 31:1, 4, 10 32:4, 8,  
 23 33:16 34:7, 17,  
 21 35:14, 17 36:12  
 37:12, 19 38:1, 13  
 40:4, 13 41:13, 15,  
 21 42:15 43:1  
 44:15 46:2, 22  
 47:3, 6, 10, 12 48:6,  
 21 49:3, 18 50:2, 4,  
 12, 20 51:3, 8, 16,  
 21 52:1, 18, 23  
 53:2, 20 54:2, 9, 15,  
 19 55:6, 16 57:13,  
 17, 20 58:2 60:22  
 61:3, 18, 23 62:14,  
 17 63:7 66:7  
**ambiguity** 52:13  
**amendment** 56:6  
**amount** 38:18  
**amoxicillin** 34:19  
**Anderson** 2:13, 17  
 5:10, 10 14:3  
**answer** 12:16 32:2  
 35:14 47:19 62:16

**answers** 12:18  
 62:22 72:7  
**anybody** 57:20  
**anymore** 41:6  
**anyplace** 40:5  
**anywise** 72:15  
**APA** 5:13 29:16  
**APCI** 6:21 29:14  
**API** 29:23  
**apparently** 22:9  
 25:6 29:6 34:21  
**applies** 53:12  
**apply** 33:3  
**approach** 46:1  
**appropriate** 32:15  
 33:17  
**approve** 17:5  
**approved** 46:12  
**April** 17:2, 5, 22  
 18:4, 10  
**Archie** 63:2  
**areas** 20:10 22:11  
**Arendall** 5:13  
**arrest** 19:11  
**Arrests** 19:10  
**article** 44:9 51:6  
**asked** 12:12 47:19  
 53:2  
**asking** 8:19 22:22  
 41:6 54:13 58:21  
**assessment** 8:10  
**assistant** 29:7  
**assisted** 42:14  
**Associates** 5:11, 23  
**assuming** 8:8  
 21:10  
**attachment** 56:10  
**attended** 52:5  
**ATTENDEES** 2:1  
**attending** 30:17, 20  
 31:11, 20 34:3  
**Attorney** 2:10  
 44:18 53:9, 15  
**attorney's** 43:5  
**audience** 20:23  
**audit** 58:22 59:5  
**auditor** 14:4, 7  
 38:14 39:2 57:11  
**August** 39:23

<b>authority</b> 34:6 62:22	<b>Blake</b> 2:17 5:10 12:12, 17 13:21 14:1	69:14 70:2, 16, 18 71:7	<b>chain</b> 29:14
<b>authorizations</b> 10:5	<b>blank</b> 30:2	<b>busiest</b> 43:9, 11	<b>chance</b> 29:16
<b>authorized</b> 59:22 62:11	<b>blanks</b> 67:8	<b>BUSINESS</b> 1:8 4:21 14:8 17:6 40:19 51:18 55:23 56:1, 2 57:9 59:16 63:10, 22 64:12, 16 71:12	<b>change</b> 52:17
<b>automated</b> 56:2, 8	<b>Blue</b> 36:21	<b>businesses</b> 44:22	<b>changing</b> 8:3
<b>awaited</b> 56:5	<b>BOARD</b> 1:2, 18 2:3 4:2, 4 5:9 7:2, 4, 6 10:21 12:20 13:15 14:13 17:2, 6 18:13 21:19 22:20 23:4, 11, 12, 12, 13, 15 28:1, 1, 16 37:13 42:4, 4 44:17 45:4, 9, 11, 13 49:13, 13 50:10 51:10 52:7 53:13 55:1 60:5 61:8 63:10 64:18 65:13, 14 66:20	<b>busy</b> 42:22 43:2	<b>Chief</b> 2:12
<b>aware</b> 42:2	<b>boards</b> 20:18 43:20 44:10 48:23	< C >	<b>civil</b> 45:21
<b>awhile</b> 36:21	<b>Board's</b> 43:5 48:14 61:9	<b>caduceus</b> 16:10	<b>claiming</b> 39:12
<b>Aye</b> 4:15, 16 11:16, 17, 18, 19 13:15, 16 17:11, 12, 13, 14 57:1, 2, 3, 4 65:19, 21, 23 66:1 67:21, 22, 23 68:13, 14, 15, 16 69:11, 12, 13, 14 70:1, 2, 3, 4, 15, 16, 17, 18 71:6, 7, 8, 9	<b>Bonner</b> 28:4	<b>calculated</b> 38:19 39:5	<b>clarification</b> 52:15 53:8
< B >	<b>book</b> 48:15	<b>call</b> 11:14 22:20, 21 24:11 30:8 35:21 36:4 56:23	<b>clear</b> 5:2
<b>baby</b> 55:12	<b>borders</b> 22:1	<b>called</b> 27:15 34:22 46:14 47:13	<b>Clemice</b> 3:3 6:3
<b>back</b> 36:22, 23 38:21, 22 46:13 64:15 71:15	<b>Braden</b> 2:12 17:17, 18, 20 19:5, 23 21:8, 12 23:19 38:11	<b>calls</b> 28:21, 22 36:13 42:9	<b>Cleveland</b> 2:20 5:18, 18 7:15, 19, 20 8:16, 21 9:4, 8, 10, 14, 18 10:1, 4, 10, 14, 19 12:2
<b>background</b> 51:7	<b>break</b> 40:18 66:11	<b>Care</b> 5:15, 23 16:4 56:3	<b>clinic</b> 31:12
<b>bad</b> 13:1 32:1 46:7, 10	<b>bring</b> 33:18 51:19	<b>career</b> 15:12	<b>clinical</b> 8:10 9:20 11:5
<b>balancing</b> 9:17	<b>broke</b> 18:5, 7	<b>Carol</b> 2:15 5:6, 7	<b>closely</b> 28:17
<b>Baptist</b> 5:16	<b>Brooks</b> 2:22 7:3, 3	<b>Carolina</b> 10:13, 18 11:6	<b>collaborative</b> 57:21
<b>basis</b> 21:4	<b>Bruce</b> 3:12 6:21	<b>Carter</b> 3:9 6:15, 15	<b>come</b> 12:12 27:7 33:4, 15 42:6 45:14 47:7 50:11 59:9 60:16 64:15
<b>behalf</b> 16:18	<b>Buddy</b> 2:5	<b>case</b> 12:13 15:8 33:3, 13 34:1 45:21 46:6 67:1, 9, 17 68:4, 20 69:1, 18 70:8, 22	<b>coming</b> 34:9 66:3, 20
<b>behaving</b> 26:8	<b>budgetary</b> 40:12	<b>cases</b> 21:22 27:4 64:7	<b>comment</b> 53:3, 8 56:12
<b>believe</b> 7:22 13:11 17:1, 15 28:10 31:1	<b>building</b> 42:5	<b>cash</b> 19:13	<b>comments</b> 14:2 24:12 53:6 62:20
<b>beneficial</b> 18:21	<b>Bunch</b> 2:5 4:13, 15 10:22 11:19 12:4, 6, 20 13:4 17:13 25:10, 13 26:4 29:22 30:7 31:14, 23 32:7 35:6, 16, 19 36:15 45:7 54:12, 17, 21 57:4 64:21 65:18, 19 67:21 68:15	<b>caught</b> 20:6	<b>Commission</b> 72:22
<b>benefit</b> 20:23		<b>cause</b> 72:16	<b>committee</b> 34:9
<b>benefits</b> 9:20		<b>Cawood</b> 3:10 6:17, 17	<b>communication</b> 18:16
<b>best</b> 36:9 37:8 40:10		<b>Center</b> 11:6 20:3, 3, 14	<b>company</b> 37:5
<b>better</b> 20:12 61:2 63:1		<b>certainly</b> 23:1	<b>competencies</b> 64:4
<b>big</b> 21:6		<b>certified</b> 9:12 29:8 72:20	<b>complaints</b> 17:22 18:1, 7 19:17, 18, 19
<b>Bill</b> 3:5 6:7 41:22 57:21		<b>certify</b> 65:10 72:5, 13	<b>completed</b> 15:7, 17 16:5 17:21 39:18
<b>Billie</b> 57:17 58:12 63:7			<b>Compliance</b> 2:14 20:18
<b>bills</b> 12:9			<b>compliment</b> 20:16
<b>Billy</b> 2:23 5:20			<b>compounding</b> 26:20 38:5 43:22
<b>bit</b> 21:2			<b>computer</b> 29:1
			<b>computer-aided</b>

72:9	<b>critical</b> 61:16	<b>decision</b> 46:9	<b>doing</b> 9:23 10:3
<b>Computers</b> 39:9	<b>Cross</b> 36:21	55:17	14:14 27:22 33:18,
<b>concern</b> 28:14	<b>crossed</b> 21:23	<b>definitely</b> 27:22	20 36:18 43:14, 15
67:2 68:5	<b>crux</b> 32:10	42:15	48:15 57:22
<b>Concerning</b> 66:23	<b>cumbersome</b> 8:9	<b>department</b> 59:23	<b>dollars</b> 38:21
<b>concrete</b> 55:4	<b>current</b> 21:1	61:22	40:15, 17
<b>conducted</b> 64:13	<b>currently</b> 8:13	<b>DEPONENT</b> 71:23	<b>Donna</b> 2:7
<b>conflicting</b> 58:1	15:2	<b>deposition</b> 72:6	<b>doubt</b> 24:2
<b>conform</b> 52:11	< D >	<b>diagnostic</b> 14:22	<b>dozen</b> 15:22
<b>Congratulations</b>	<b>damn</b> 26:15, 16	<b>dialogue</b> 37:17	<b>DR</b> 4:1, 14, 17, 19
26:13	<b>Dan</b> 3:14	<b>difference</b> 45:19, 22	7:7, 16 8:13, 17
<b>connection</b> 20:13	<b>Daniel</b> 2:21 7:1, 1	<b>different</b> 12:23	9:1, 5, 15 10:17, 20
<b>consider</b> 17:1 25:5	<b>Darby</b> 2:6 4:11,	18:6 25:14, 15	11:3, 9, 13, 20, 23
66:21	16 9:6, 9, 12, 22	35:1 43:13 45:8	12:4, 19 13:9, 16,
<b>considered</b> 45:3, 6	10:2, 7 11:1, 4, 17	52:14 59:4, 4	19 14:1, 6, 15, 16,
48:2 49:7, 16	12:21 13:6 17:4,	<b>digit</b> 18:4	17, 18 16:13, 15, 16,
<b>consuming</b> 8:10	12 19:21 23:3, 7	<b>direction</b> 59:12	17, 18, 21, 23 17:9,
<b>contact</b> 27:13	25:18 41:11, 14	<b>Director</b> 2:13 28:5	14, 19 18:12, 22
<b>contiguous</b> 20:19	49:5, 9, 23 50:3, 6,	47:14	20:16 21:10, 14, 16
24:8	16 51:1, 5, 9 52:8,	<b>Directors</b> 34:13	23:6, 8, 11, 13, 15,
<b>continue</b> 15:11	21 53:1, 7, 23 54:3,	<b>discrimination</b>	16, 20 25:12, 16, 21
46:17	8, 18 56:4, 16 57:2,	19:18	26:1, 7, 11, 13, 17,
<b>contract</b> 14:23	11 60:18, 23 61:4	<b>discuss</b> 23:21	23 27:10 28:9
39:22 40:20	62:18 65:3, 22, 23	33:17 51:14 65:12	30:5, 8, 13, 14 31:1,
<b>contracts</b> 14:21	67:10, 13, 22 68:7,	<b>discussed</b> 24:9	4, 10, 21 32:4, 8, 23
16:8	9, 16 69:3, 7, 12, 21	64:14 66:22	33:2, 16, 20 34:7,
<b>control</b> 24:10	70:4, 11 71:2, 9, 15,	<b>discussing</b> 64:4	17, 21 35:14, 17
<b>controlled</b> 19:15	22	<b>discussion</b> 11:11	36:12 37:12, 16, 20
34:1, 5, 15, 16	<b>data</b> 23:23 24:2,	13:12 21:1 37:23	38:1, 13 40:2, 4, 11,
<b>converted</b> 39:13	16, 19, 22 25:2, 5	46:4 48:1, 10	13 41:13, 15, 19, 21
<b>copy</b> 36:14	27:7, 12, 17, 18, 21	49:19 50:22 55:21,	42:13, 15, 17, 20
<b>correct</b> 8:15 28:15	37:13 40:8 41:1, 3	23 56:20 65:6	43:1, 4 44:15 46:2,
30:14 37:11 48:18	<b>date</b> 52:3	<b>discussions</b> 48:8	22 47:3, 6, 9, 10, 11,
72:10	<b>David</b> 2:6 54:13	<b>dispense</b> 8:4	12, 18 48:6, 21
<b>correcting</b> 29:23	<b>Davis</b> 2:18 5:12,	<b>dispensing</b> 19:14	49:1, 3, 11, 18, 22
<b>corrective</b> 68:6, 22	12 58:8	56:3, 8	50:2, 4, 8, 12, 13, 20,
69:19	<b>day</b> 38:7	<b>disseminate</b> 34:12	23 51:3, 8, 15, 16,
<b>counsel</b> 72:14	<b>day-in-and-day-out</b>	<b>diversion</b> 19:7, 8	17, 21, 23 52:1, 18,
<b>COUNTY</b> 72:4	21:4	20:7 22:5	23 53:2, 20 54:2, 9,
<b>couple</b> 58:18	<b>days</b> 27:15 41:18	<b>divisions</b> 38:3	15, 19 55:6, 14, 16,
<b>course</b> 19:7 24:10	<b>DCH</b> 6:10, 11, 14,	<b>divorce</b> 45:10	18 56:13, 18, 22
<b>court</b> 5:3, 4 45:18	15 33:6	<b>doctor</b> 36:23	57:5, 8, 13, 14, 17,
72:20	<b>DEA</b> 32:6, 15 33:1,	<b>doctors</b> 29:22	20, 23 58:4, 10, 14,
<b>cover</b> 63:10	7, 10 34:2 38:2	<b>doctor's</b> 28:15	17 59:6 60:1, 14,
<b>covered</b> 10:6	43:23	<b>document</b> 53:11	22 61:3, 14, 18, 23
<b>Craft</b> 3:7 6:11, 11	<b>deal</b> 20:15 27:16	<b>documents</b> 45:3	62:14, 15, 17, 19
<b>creates</b> 44:2	<b>decide</b> 15:10 40:10	48:5 59:13, 15	63:3, 7, 9, 13, 16, 19
<b>credit</b> 13:5	<b>decided</b> 55:8, 12	60:17 61:15	65:5, 15, 20, 22
<b>Crystal</b> 2:13 47:8		<b>dog</b> 38:7, 8	66:1, 6, 7, 9, 19
			67:12, 18 68:1, 3, 8,

10, 17, 19 69:5, 8, 15, 17, 22 70:5, 7, 12, 19, 21 71:3, 10, 12 <b>draft</b> 52:22, 23 53:3 <b>dream</b> 35:7, 12 <b>drive</b> 61:4 <b>driven</b> 16:4 <b>drop</b> 17:23 <b>dropped</b> 18:3 <b>drug</b> 18:14, 14 19:13 21:2 <b>drugs</b> 9:2 19:12	<b>equal</b> 18:16 <b>errors</b> 19:9 <b>essentially</b> 55:2 <b>established</b> 60:6 <b>establishing</b> 21:21 <b>evaluation</b> 15:4, 20 <b>events</b> 22:9 <b>everybody</b> 12:22 22:5, 12 29:6 42:3 44:2 51:7 <b>exactly</b> 59:10 62:3 <b>Examiners</b> 53:13 <b>example</b> 19:20 24:17 45:9 49:5 <b>Excel</b> 27:16, 19 <b>exchange</b> 24:14, 15 <b>Executive</b> 2:11 21:11, 12 43:8 44:14 63:17, 21 64:3, 8, 10, 14, 19 65:11 66:2, 5, 10, 12, 16, 20 71:16, 19 <b>existing</b> 64:7 <b>expires</b> 72:22, 23 <b>explain</b> 9:21 16:8 <b>explanation</b> 69:19 <b>expressly</b> 26:19	<b>Federal</b> 31:5, 7 32:11, 15 <b>feedback</b> 14:10 18:18 <b>fence</b> 28:6 <b>Fentanyl</b> 22:6 <b>figure</b> 51:3 <b>file</b> 32:15, 16 <b>filed</b> 45:15 <b>fill</b> 37:2 <b>fills</b> 46:8 <b>finally</b> 70:23 <b>find</b> 18:22 <b>fine</b> 53:5 <b>finish</b> 64:10 <b>first</b> 4:21 19:6 59:22 64:23 65:1 <b>five</b> 40:17 <b>floor</b> 7:18 <b>Florida</b> 10:9 <b>follow</b> 21:22 <b>following</b> 28:17 <b>follows</b> 16:6 <b>foregoing</b> 72:6, 10 <b>forged</b> 19:10 <b>forget</b> 48:11 <b>forgot</b> 52:1 68:23 <b>form</b> 46:8 <b>fortunately</b> 42:8 <b>forty-two</b> 14:20 <b>forward</b> 40:7 <b>fraud</b> 19:18 <b>Freedom</b> 25:18 <b>frequently</b> 22:21 <b>Friday</b> 31:15 36:20 <b>front</b> 17:3 <b>function</b> 10:3 <b>further</b> 11:10 55:23 64:12 71:12, 23 72:13 <b>fusion</b> 19:21, 23 20:14	53:16 <b>general's</b> 53:9 <b>Gentlemen</b> 14:18 <b>Georgia</b> 18:14 21:20 22:1 <b>getting</b> 27:4 28:14, 21, 21 35:20 <b>give</b> 14:9 49:17 51:10 62:23 63:1 <b>given</b> 72:11 <b>giving</b> 19:20 <b>glad</b> 37:12 38:5 <b>GLS</b> 39:11, 12 <b>go</b> 8:12 19:3 30:3 34:2, 23 36:3 37:15 38:21, 22 40:5 46:17 47:20 51:23 57:13 64:2, 19 66:2 69:2 71:15 <b>goes</b> 8:5 24:11, 17 46:8 <b>going</b> 4:22 8:21 9:15, 23 13:1 14:7 24:16, 22 25:5 26:23 28:4 31:19 32:20 40:6, 18 41:5 45:10 47:15 48:14, 17 52:16 53:14 55:8 57:14 58:23 59:3, 21 60:18 65:11 66:10 <b>Good</b> 7:13, 15 12:21 13:2 14:6 20:15, 21 27:15 32:2 37:16, 20, 22 39:9 42:21 43:14, 15, 17 46:7, 9 49:22 51:20 55:15, 21 59:6, 7 <b>gosh</b> 41:3 <b>gotten</b> 18:18 <b>government</b> 42:1 <b>governor</b> 53:15 <b>grant</b> 11:5 <b>Great</b> 7:7 14:12 18:15 28:6, 14 41:19 62:15 63:4 <b>greatly</b> 20:5
< E > <b>Eagle</b> 6:18, 19 <b>early</b> 27:1 <b>easier</b> 48:6 <b>easiest</b> 9:21 <b>Easter</b> 2:19 5:16, 16 <b>easy</b> 28:22 29:3 48:7 <b>Eddie</b> 2:12 21:18 23:18 38:8, 10 43:15 <b>Eddie's</b> 36:3 <b>effort</b> 42:1 <b>efforts</b> 44:12 <b>eight</b> 19:8 <b>eighty-five</b> 16:3 <b>either</b> 16:10 <b>Ellenburg</b> 2:16 5:8, 8 <b>e-mailed</b> 39:19 <b>emergency</b> 21:5 46:15 <b>Emily</b> 3:6 6:9 <b>emotion</b> 67:16 <b>encouraged</b> 58:4 <b>ended</b> 46:11 <b>enforced</b> 53:19 <b>enrolled</b> 30:22 <b>enter</b> 28:15 <b>entering</b> 28:20 55:2 <b>entertain</b> 4:9 <b>entry</b> 9:19	< F > <b>facilitating</b> 27:3 <b>facilities</b> 55:9 56:3 <b>facility</b> 16:4 <b>fact</b> 23:9 39:15 <b>failed</b> 19:13 <b>fall</b> 41:14 <b>far</b> 13:1 38:15 39:7 60:14 <b>fast</b> 27:9 <b>father-in-law</b> 26:14 <b>father's</b> 22:8 <b>favor</b> 4:14 11:15 13:14 17:11 56:23 65:7 68:13 69:4, 10 70:1, 14 71:6 <b>FAX</b> 36:13 <b>FDA</b> 44:1 52:3 55:10, 13 <b>FDA's</b> 55:12 <b>February</b> 18:3	< G > <b>gain</b> 20:2 <b>Garver</b> 14:15 16:14, 18 26:23 27:10 <b>general</b> 44:18	

**group** 29:11  
**groups** 28:2 48:8  
**guess** 22:11 51:18  
 58:17  
**guest** 46:13  
**guidance** 49:17  
**guys** 36:3

## &lt; H &gt;

**Haleigh** 3:10 6:17  
**Halfway** 15:23  
**Hamid** 3:11 6:19,  
 19  
**Hand** 5:12 37:15  
**handout** 8:5  
**happen** 27:7 33:9  
 45:21  
**happened** 47:15  
**happens** 27:14  
 59:15  
**happy** 34:12  
**Harris** 3:12 6:21,  
 21  
**haul** 60:16  
**head** 23:19  
**Health** 5:17 16:11  
 23:12 28:10  
**hear** 5:3 57:14  
 69:8, 9  
**heard** 15:8 26:21  
 35:2 38:14, 15  
 39:8, 12 49:12  
 57:20, 23 58:9  
 59:7  
**hearing** 50:5 72:12  
**hearings** 16:3  
**help** 29:23 30:19  
 44:9 58:18 61:14  
**helpful** 19:1 22:3  
 24:3  
**helps** 20:2, 5, 12  
**heroin** 22:6, 6, 8, 9  
**Hester** 3:13 6:22,  
 22  
**hey** 48:8  
**hide** 60:12  
**HIPAA** 19:18  
**hired** 22:17  
**history** 22:17

**hit** 29:3  
**hodgepodge** 41:8  
**holders** 64:6  
**holdovers** 15:14  
**Hood** 42:7  
**Hoover** 1:20  
**hope** 21:16 45:13  
**hoping** 29:14  
 59:11  
**hospital** 28:12  
 30:2, 10, 12, 16  
 33:9, 17, 23 34:22  
**hospitals** 33:12  
**hospital's** 32:9  
 33:7, 10  
**hours** 9:17, 17  
**House** 15:23 33:3,  
 22  
**how's** 58:22  
**hundred** 14:19  
 38:20 40:17  
**Hunter** 3:4 6:5, 5  
**Hurst** 3:3 6:3, 3

## &lt; I &gt;

**idea** 20:21 23:1  
 55:15  
**ideas** 28:6  
**identified** 15:13, 18  
**identify** 61:15  
**impact** 26:19, 22  
 40:12, 14  
**impacts** 28:20  
**impairment** 19:16  
**implement** 41:18  
**imposes** 10:13  
**improved** 22:11  
**inability** 61:10  
**include** 14:23  
 15:14 19:17 64:7  
**includes** 14:22  
**income** 12:11  
**indicating** 30:3  
**individual** 50:10  
 51:10 64:19 65:16  
**individually** 50:10  
 67:11  
**individuals** 4:23  
 14:22 15:19 16:4  
**influenced** 22:13

**information** 18:6,  
 19, 23 20:2, 3, 4, 14  
 25:15, 19 27:3  
 29:11 32:18 34:12  
 36:8 44:21 47:21  
 48:3 49:15, 16  
 50:22 63:22 67:7  
**initial** 27:13  
**inpatient** 15:3, 9  
**inspect** 55:13  
**inspecting** 55:10  
**inspections** 17:21  
 44:10  
**Inspector** 2:12  
 21:3  
**inspectors** 35:21  
**Inspector's** 17:19  
**inspects** 46:6  
**Institutional** 56:6  
**Insurance** 23:12  
 37:3, 5  
**interested** 50:5  
 72:15  
**interesting** 19:1  
 23:1 36:2 46:20  
 48:22 49:2  
**intern** 32:17  
**interrupted** 15:5  
**intervention** 8:11  
 11:5  
**interviews** 27:7  
**introduce** 5:1 7:17  
**investigated** 16:2  
 17:23  
**investigation** 46:16  
**investigations** 44:10  
**investigative** 18:19  
 46:5 67:1  
**investigator** 28:18  
**investigators** 27:2  
 38:2 39:4 49:6  
**involved** 18:9  
**involving** 45:11  
**Iowa** 46:21, 23  
**issue** 24:21 31:11  
 32:11 34:20 43:23  
 44:7 49:15 59:8  
**issues** 18:17 22:19  
 28:10 53:10 62:12

**item** 56:2

## &lt; J &gt;

**Janell** 28:8  
**Janine** 2:20 5:18  
 7:20  
**January** 18:3  
**JEFFERSON** 72:4  
**Jim** 2:10, 19 5:16  
 46:14 47:21 54:13  
 55:21 63:16  
**Joe** 39:10, 19  
**John** 28:23  
**joining** 14:7 58:11  
**Julie** 3:4, 7 6:5, 11  
**July** 50:7  
**June** 27:1 39:14,  
 22 50:1, 6 51:14,  
 19 52:3

## &lt; K &gt;

**keep** 8:17 28:3  
**Kelly** 3:2 6:1  
 30:18 34:11  
**kin** 72:14  
**kind** 10:8 21:3, 23  
 22:22 34:19 59:19  
**knew** 42:8  
**know** 12:16 21:1  
 22:15 23:3 24:23  
 25:4 27:12, 21  
 28:16 29:15 30:4,  
 6 31:17, 17, 22  
 32:1, 2, 4 33:3, 21  
 35:18, 20, 21, 22  
 36:16, 20, 22 37:4,  
 9, 22 38:4 41:7, 10,  
 22 42:2, 3 44:5, 12,  
 18 46:17, 21 47:12,  
 15 48:13, 19 49:18,  
 20 51:10, 12 52:9,  
 9 53:11, 16 54:21,  
 22 55:4, 17 57:15  
 58:20 60:14  
**knowing** 24:19  
**knows** 22:21

## &lt; L &gt;

**Lachiewicz** 3:6

6:9, 10	<b>longer</b> 20:7 26:8	8, 14, 23 58:4, 10,	<b>mentioned</b> 22:16
<b>ladies</b> 14:19	<b>longevity</b> 38:17	14, 17 59:6 60:1,	46:3
<b>language</b> 30:23	<b>long-term</b> 56:3	14 61:14 62:15, 19	<b>merchandise</b> 19:13
<b>law</b> 35:7 44:19	<b>look</b> 12:14 24:18	63:3, 9, 13, 16, 19	<b>merits</b> 50:21
45:2 52:11 60:3	27:11 28:19 36:5	65:5, 15, 20, 22	<b>messing</b> 29:10
62:10 65:10	51:11 56:9	66:1, 6, 9, 19 67:12,	<b>met</b> 16:6 38:1
<b>Lawley</b> 2:23 5:20,	<b>looked</b> 12:15 41:2	18 68:1, 3, 8, 10, 17,	<b>Michelle</b> 1:23
20	44:8	19 69:5, 8, 15, 17,	72:18, 19
<b>laws</b> 25:3, 19 48:16	<b>looking</b> 41:1	22 70:5, 7, 12, 19,	<b>mind</b> 19:4 24:22
<b>lawyer</b> 39:10 65:9	<b>Looks</b> 12:21 44:1	21 71:3, 10, 12	40:20
<b>lawyers</b> 43:19, 20	<b>lot</b> 12:11 18:18	<b>matters</b> 64:6, 13	<b>mindful</b> 29:17
48:23	22:6 24:3 41:5	65:13, 14	<b>minute</b> 30:23
<b>laziness</b> 36:6	48:4, 17 59:4	<b>maximum</b> 40:1, 22	<b>minutes</b> 17:2, 5, 10,
<b>lazy</b> 36:17	<b>loud</b> 5:2	<b>McConaghy</b> 4:5	16
<b>lead</b> 44:8	<b>lowest</b> 40:16	<b>McDonald</b> 3:8	<b>misconduct</b> 67:3
<b>Lee</b> 28:8	<b>LRS</b> 56:8	6:13, 13	<b>Mississippi</b> 18:13
<b>LeeAnne</b> 3:8 6:13	<b>Lynn</b> 7:5	<b>mean</b> 25:11 34:18	21:20 22:1, 16
<b>left</b> 42:10	< M >	35:17 38:17 40:18	23:4 55:7
<b>legal</b> 64:6 65:13	<b>madness</b> 32:21	41:3 52:15, 19	<b>misspeaking</b> 31:3
<b>legally</b> 53:10	<b>magazine</b> 44:8	53:21	<b>mistake</b> 28:19
<b>legislation</b> 42:12	<b>Maguire</b> 3:5 6:7, 7	<b>means</b> 72:8	<b>Mitzi</b> 2:16 5:8
<b>legislature</b> 22:14	<b>mail</b> 8:2, 14, 22	<b>Medicaid</b> 6:2, 4	<b>money</b> 12:9 36:23
41:22	<b>Maine</b> 23:23 24:3	19:17 30:19	41:6, 9 42:6
<b>legitimate</b> 61:19	<b>maintaining</b> 67:4	<b>Medical</b> 30:13, 15	<b>monitor</b> 24:14
<b>Leos</b> 2:15 5:7, 7	<b>major</b> 40:14	37:13 42:4 53:13	<b>monitoring</b> 14:23
34:10, 18 35:3	<b>majority</b> 23:17	<b>medication</b> 8:11	16:9
57:19	<b>making</b> 48:18	19:9 36:10 37:6,	<b>month</b> 12:8, 8
<b>Lets</b> 20:1, 14	55:19	10	17:22, 23 18:4, 10
<b>letter</b> 67:2 68:5, 21	<b>manager</b> 9:20	<b>medications</b> 8:4	21:6, 7 27:10
<b>letters</b> 33:11	<b>mandate</b> 32:11	<b>Medicine</b> 28:1, 17	40:16, 17 42:23
<b>letting</b> 16:12	<b>March</b> 18:3	42:10	43:3
<b>letup</b> 43:18	<b>Martin</b> 2:4 4:1, 3,	<b>meet</b> 27:1	<b>monthly</b> 16:6 44:8
<b>liability</b> 55:11	14, 17, 19 7:7, 16	<b>MEETING</b> 1:8	<b>months</b> 28:11
<b>liaison</b> 19:22, 23	8:13, 17 9:1, 5, 15	4:2, 7 17:7 18:12	39:17 41:16 43:9,
20:11	10:17, 20 11:3, 9,	20:18 24:5, 12	10
<b>license</b> 15:22	13, 20, 23 12:4, 19	27:23 33:18 36:21	<b>morning</b> 7:10, 14,
19:14 32:16 55:9	13:9, 16, 19 14:1, 6,	38:3 48:22 49:2, 4	15 31:9 58:19
72:21	17 16:15, 17, 21, 23	51:14 52:4, 7	59:9 60:9
<b>licensed</b> 65:9	17:9, 14, 19 18:22	55:22 60:17 61:12	<b>motion</b> 4:9, 11
<b>licensee</b> 45:11, 17	20:16 21:10, 14	64:9, 16	11:2, 4, 9, 11, 23
<b>licensees</b> 16:7, 9	23:11, 15 26:13	<b>meetings</b> 61:9	13:6, 9, 11 17:4, 9
<b>licensing</b> 55:11	30:13 31:21 33:2,	<b>Member</b> 2:6, 7	45:15 56:5, 16, 19
<b>life</b> 22:15	20 37:16, 20 40:2,	<b>MEMBERS</b> 2:3	57:8 64:23 65:1, 2,
<b>line</b> 18:15	11 41:19 42:13, 17,	10:21 12:20 49:14	3, 7, 17 67:13, 14,
<b>listed</b> 15:1	20 43:4 47:9, 11,	50:10 51:11 63:11	19 68:10 69:3, 6,
<b>little</b> 18:6 21:2	18 49:1, 11, 22	64:18	21, 22 70:11, 12
<b>lived</b> 22:8	50:8, 13, 23 51:15,	<b>memoranda</b> 52:6	71:2, 3
<b>LOCATION</b> 1:18	17, 23 55:14, 18	<b>memorandum</b>	<b>move</b> 7:11 13:12
<b>long</b> 54:6 56:4	56:13, 18, 22 57:5,	52:10, 19 55:3	<b>Moving</b> 56:1 63:20

<b>Multitalented</b> 38:11	<b>nonresident</b> 8:2, 14, 19	<b>opinion</b> 44:17 50:14	<b>PDMP</b> 19:17 24:11 28:16 29:11 35:23
<N>	<b>Notary</b> 72:23	<b>opinions</b> 52:14	<b>Peggy</b> 28:4
<b>NABP</b> 24:9, 11 25:6 44:8 45:23 46:4, 5, 16 47:8 48:13 60:17	<b>note</b> 18:11 29:15	<b>opportunity</b> 14:10	<b>penalties</b> 26:2, 3
<b>NABP's</b> 24:13	<b>notice</b> 4:8 21:5	<b>opposed</b> 4:17 11:20 13:16 55:1, 2 57:5 68:1, 17 69:15 70:5, 19 71:10	<b>pending</b> 65:13
<b>name</b> 28:20 29:7, 9, 19 30:16 57:16, 18 58:11, 12	<b>noticed</b> 20:22	<b>options</b> 49:20 59:19	<b>people</b> 5:4 14:20 20:15 21:19 27:12, 14 29:11, 17 38:19 41:2 42:8, 9, 14 44:21 47:7
<b>names</b> 28:15	<b>number</b> 14:21 15:12, 14 19:8 28:11 30:1 32:6, 9 33:1, 7, 10, 14 34:2 67:1, 9, 17 68:4 70:22 72:21	<b>order</b> 4:21 8:2, 14, 20, 22 9:2, 19 46:15	<b>percent</b> 12:10
<b>name's</b> 4:3	<b>numbers</b> 35:10 39:2 68:20 69:18 70:8	<b>orders</b> 14:21 45:18	<b>perform</b> 8:20 9:16
<b>NAPB</b> 51:6	<b>nurse</b> 29:8	<b>ordering</b> 32:13	<b>period</b> 56:12
<b>Narcotics</b> 18:15	<b>Nursing</b> 28:1, 5	<b>orders</b> 14:21 45:18	<b>permanent</b> 71:1
<b>nationalization</b> 44:12	<O>	<b>organizations</b> 25:15	<b>permit</b> 7:23 8:1, 2, 15, 18, 20, 22, 23 10:8, 11 11:7 64:5
<b>nature</b> 45:4	<b>objections</b> 7:11	<b>outside</b> 19:11 22:13 48:8	<b>person</b> 22:17, 20, 21, 23 29:13 40:23 46:6, 7 60:4
<b>NECC</b> 55:18	<b>obviously</b> 24:7 45:7	<b>outsourcing</b> 55:9	<b>personally</b> 16:7
<b>necessary</b> 15:5	<b>o'clock</b> 31:16	<b>overpaid</b> 38:20	<b>perspective</b> 52:8
<b>need</b> 14:2, 9 17:16 31:9 33:5 43:16 47:14, 22 48:1 59:13, 16 63:10, 23 64:18, 22 65:6, 8, 9, 16 66:4 71:15	<b>office</b> 22:20 24:16 35:21 46:14 53:9 67:6	<b>override</b> 29:4	<b>pertain</b> 51:13
<b>needed</b> 31:22	<b>officer</b> 19:22 20:12	<b>oversight</b> 23:5, 10 32:20	<b>pertaining</b> 56:7
<b>needs</b> 27:5 61:11 64:23 65:1	<b>officers</b> 20:19	<b>overtime</b> 39:4	<b>pharmacies</b> 29:14 30:10
<b>negotiating</b> 39:11	<b>official</b> 59:14 63:2	<b>owed</b> 39:14	<b>pharmacist</b> 15:4, 10 35:22
<b>neither</b> 72:14	<b>Oh</b> 13:8 41:3 58:16 59:1 60:7, 22 68:23	<P>	<b>pharmacists</b> 15:3 22:18 28:14 29:9 36:17 42:7, 9
<b>nervous</b> 47:17	<b>Okay</b> 9:1, 5 10:20 14:12, 17 50:23 56:15, 18 59:21 60:2, 13 62:14 63:3, 19 65:5 66:4, 9, 23 67:19	<b>p.m</b> 66:17 71:20, 20	<b>pharmacist's</b> 36:7
<b>never</b> 23:2 24:17 39:9	<b>old</b> 51:18 55:22 56:1, 2	<b>Pardon</b> 26:11 43:1	<b>PHARMACY</b> 1:2, 18 4:3 5:9, 15, 23 6:18, 20 7:2, 4, 6, 23 8:3, 8, 14, 19, 23 10:11 11:7 15:12 16:11, 13 17:6 18:14 20:8 23:4, 12, 14, 15 30:9 34:14 35:1 36:4 42:4, 10 43:20 46:12 56:7 66:20 67:3, 6, 7
<b>new</b> 7:23 14:8 28:4 40:20 41:1 43:13 44:7 57:9 63:9, 22	<b>Omni</b> 6:7	<b>Part</b> 24:21 25:17 36:7 44:11 64:16	<b>pharmacist's</b> 36:7
<b>Newman</b> 3:2 6:1, 1 30:21 31:2, 6 32:10	<b>Omnicare</b> 5:19 6:6 7:12, 20 8:8 11:5	<b>particular</b> 60:4	<b>PHARMACY</b> 1:2, 18 4:3 5:9, 15, 23 6:18, 20 7:2, 4, 6, 23 8:3, 8, 14, 19, 23 10:11 11:7 15:12 16:11, 13 17:6 18:14 20:8 23:4, 12, 14, 15 30:9 34:14 35:1 36:4 42:4, 10 43:20 46:12 56:7 66:20 67:3, 6, 7
<b>news</b> 14:6 37:16 58:7	<b>once</b> 40:7	<b>parties</b> 72:14	<b>pharmacist's</b> 36:7
<b>newsletter</b> 29:15	<b>on-line</b> 41:12	<b>Parvin</b> 1:23 72:18, 19	<b>PHARMACY</b> 1:2, 18 4:3 5:9, 15, 23 6:18, 20 7:2, 4, 6, 23 8:3, 8, 14, 19, 23 10:11 11:7 15:12 16:11, 13 17:6 18:14 20:8 23:4, 12, 14, 15 30:9 34:14 35:1 36:4 42:4, 10 43:20 46:12 56:7 66:20 67:3, 6, 7
<b>nice</b> 24:5 58:14	<b>open</b> 24:18 37:17 41:10	<b>PAs</b> 9:23	<b>pharmacist's</b> 36:7
<b>nine</b> 19:9 21:5	<b>opened</b> 18:15	<b>passed</b> 32:12	<b>PHARMACY</b> 1:2, 18 4:3 5:9, 15, 23 6:18, 20 7:2, 4, 6, 23 8:3, 8, 14, 19, 23 10:11 11:7 15:12 16:11, 13 17:6 18:14 20:8 23:4, 12, 14, 15 30:9 34:14 35:1 36:4 42:4, 10 43:20 46:12 56:7 66:20 67:3, 6, 7
<b>ninety-eight</b> 12:10	<b>operation</b> 8:8	<b>passes</b> 11:23 57:8 68:19	<b>pharmacist's</b> 36:7
<b>Nods</b> 23:19		<b>patient</b> 29:3 34:23 36:11 37:2, 9	<b>PHARMACY</b> 1:2, 18 4:3 5:9, 15, 23 6:18, 20 7:2, 4, 6, 23 8:3, 8, 14, 19, 23 10:11 11:7 15:12 16:11, 13 17:6 18:14 20:8 23:4, 12, 14, 15 30:9 34:14 35:1 36:4 42:4, 10 43:20 46:12 56:7 66:20 67:3, 6, 7
<b>noncontrolled</b> 32:16		<b>patient's</b> 37:6	<b>pharmacist's</b> 36:7
		<b>pay</b> 12:9 30:19 38:17 39:4, 6	<b>PHARMACY</b> 1:2, 18 4:3 5:9, 15, 23 6:18, 20 7:2, 4, 6, 23 8:3, 8, 14, 19, 23 10:11 11:7 15:12 16:11, 13 17:6 18:14 20:8 23:4, 12, 14, 15 30:9 34:14 35:1 36:4 42:4, 10 43:20 46:12 56:7 66:20 67:3, 6, 7
		<b>paying</b> 40:15	<b>phone</b> 42:9
		<b>PBMs</b> 22:18, 19 23:5, 10, 21 36:22	<b>physician</b> 29:2, 7, 10 31:20 32:14, 19 35:9

<p> <b>physicians</b> 35:4, 20  <b>physician's</b> 67:6  <b>PI</b> 29:23  <b>pick</b> 29:1  <b>picked</b> 22:2  <b>piece</b> 42:11  <b>place</b> 9:3 46:15  62:9  <b>placed</b> 16:10  <b>plan</b> 27:22  <b>play</b> 41:16  <b>please</b> 7:13 11:3,  15 51:23 58:15  69:11  <b>Plus</b> 48:15 52:12  <b>point</b> 14:11 59:11  <b>policies</b> 34:9  <b>policy</b> 30:21  <b>poll</b> 50:9  <b>polled</b> 49:14  <b>pony</b> 38:7, 8  <b>portion</b> 16:5 64:10  <b>position</b> 24:14 54:4  <b>possible</b> 58:19  65:12  <b>post</b> 24:16  <b>practice</b> 57:21 65:9  <b>practicing</b> 33:5  <b>practitioner</b> 29:8  <b>predict</b> 40:12  <b>prepare</b> 63:23  <b>prescribe</b> 33:23  <b>prescribers</b> 10:6  <b>prescribing</b> 32:14  <b>prescription</b> 29:2  30:12 31:15, 18  35:10 36:1, 5, 14  37:1, 3 67:8  <b>prescriptions</b> 19:10  30:1 31:13  <b>PRESENT</b> 2:9  37:13  <b>presentation</b> 7:9, 12  <b>presently</b> 14:19  15:21  <b>preside</b> 61:8, 10  <b>President</b> 2:4 4:4,  4 59:14 60:21  61:7, 8, 9, 11, 13 </p>	<p> <b>presiding</b> 4:6  <b>pretty</b> 9:19 21:6  <b>previous</b> 15:15  <b>price</b> 40:16, 21  <b>primary</b> 10:2  <b>printout</b> 39:19  <b>prior</b> 10:4  <b>privacy</b> 25:11  <b>probably</b> 33:15  64:15  <b>problem</b> 22:22  61:20  <b>problems</b> 24:7  54:22  <b>procedures</b> 60:6  62:8  <b>process</b> 16:2 35:5  39:16 63:20  <b>processing</b> 8:20  9:3, 16, 19  <b>produce</b> 45:16  <b>professional</b> 16:11  67:3, 5  <b>professionals</b> 15:1,  13 16:13 64:5  <b>program</b> 14:20  27:13 47:9, 11  <b>programs</b> 41:4  <b>prohibit</b> 62:8  <b>projects</b> 39:13, 16,  18  <b>property</b> 42:2  <b>proposed</b> 70:15  <b>prospective</b> 43:5  <b>prosper</b> 46:18  <b>provide</b> 8:6 14:10  <b>provided</b> 8:5  18:23 33:7  <b>public</b> 45:4, 6, 16  48:2, 3, 5, 12 49:7,  16 50:22, 22 64:9  72:23  <b>publish</b> 48:15  <b>pull</b> 30:23 31:7  32:20  <b>pulls</b> 29:1  <b>purpose</b> 64:3  <b>put</b> 27:19 29:15  33:10 37:14 49:23 </p>	<p> 50:6 52:2  <b>putting</b> 29:6, 9, 23    <b>&lt; Q &gt;</b>  <b>qualifications</b> 64:5  <b>question</b> 14:8  47:19  <b>questions</b> 10:21, 23  12:13, 15, 19 13:21  16:17, 21 42:17  51:12 53:18, 22  59:2 62:19 72:7  <b>quickly</b> 19:3 27:5  33:4  <b>quit</b> 20:8  <b>quite</b> 35:4  <b>quorum</b> 4:9    <b>&lt; R &gt;</b>  <b>rate</b> 40:1, 15  <b>ratio</b> 9:9 10:12  <b>read</b> 44:7 63:23  <b>reading</b> 16:18 19:4  <b>ready</b> 14:12 17:1  66:21  <b>real</b> 32:2  <b>reality</b> 22:15  <b>realize</b> 32:5 40:5  <b>really</b> 20:5, 21  24:3, 13 31:23  44:3 60:22  <b>reason</b> 12:23  30:18 45:5  <b>reasonable</b> 37:7  <b>reasoning</b> 32:21, 22  <b>reasons</b> 15:16  65:11  <b>recall</b> 43:10, 11  <b>receive</b> 71:4  <b>received</b> 13:20  18:1, 8 30:8  <b>receiving</b> 69:10  70:14  <b>recess</b> 66:15 71:18  <b>recollection</b> 31:6  <b>recommendation</b>  68:11 69:11 70:15  <b>recommendations</b>  10:5 </p>	<p> <b>recommended</b> 67:2  68:5 71:4  <b>record</b> 7:17 41:23  46:3 59:22 63:23  <b>recorded</b> 35:23  <b>records</b> 45:3, 12, 17  <b>recouped</b> 38:22  <b>recovering</b> 16:13  <b>Recovery</b> 16:1  <b>referring</b> 32:14  <b>reflection</b> 13:2  <b>Regional</b> 6:10, 12,  14, 16  <b>registrants</b> 64:6  <b>regular</b> 10:11  <b>related</b> 19:12 56:2  66:22 71:13  <b>relationship</b> 67:5  <b>relationships</b> 21:21  28:4 37:18  <b>releasing</b> 49:15  <b>rely</b> 47:16  <b>remember</b> 12:22  <b>remote</b> 8:20 9:2,  16  <b>remove</b> 67:6  <b>removed</b> 42:11  <b>renegotiate</b> 39:21  <b>renewals</b> 41:12, 17  <b>reply</b> 52:2  <b>report</b> 12:5, 7  13:7, 11, 20 14:13  16:6 17:19 21:15  33:19, 21 37:7  42:21 47:13, 16  <b>reported</b> 35:22  38:16  <b>REPORTER</b> 1:23  5:3, 4 72:20  <b>reporting</b> 67:1  <b>reports</b> 46:5, 11  49:6 58:1 59:7  <b>represent</b> 43:20  <b>representative</b> 67:4  <b>representing</b> 5:1, 13  <b>represents</b> 72:10  <b>requires</b> 60:4  <b>resident</b> 30:11, 22  31:16, 17 32:5  33:1, 6, 8 </p>
--	---	---	---

<p><b>residents</b> 30:11, 13, 15 31:12</p> <p><b>resolution</b> 64:7 65:12</p> <p><b>resolved</b> 54:4 61:12</p> <p><b>respond</b> 59:10</p> <p><b>responding</b> 52:16</p> <p><b>response</b> 4:18 11:12, 22 13:18, 23 16:20, 22 21:9 42:19 54:1 56:21 57:7 63:12, 15 68:2, 18 69:16 70:6, 20 71:11</p> <p><b>responsibility</b> 8:9</p> <p><b>responsible</b> 29:13</p> <p><b>result</b> 72:16</p> <p><b>resulting</b> 43:16</p> <p><b>resume</b> 64:9</p> <p><b>returning</b> 16:7, 9</p> <p><b>Rick</b> 5:14</p> <p><b>rid</b> 8:22</p> <p><b>Right</b> 7:13, 19 10:7 12:2 21:16, 17 23:20, 21 25:1, 21 26:1 29:1, 20 31:9, 16 36:18 37:19 38:1 39:7 40:9 46:22 47:2, 12 51:8, 16 53:20 54:2, 9, 10 55:6 59:12 63:3</p> <p><b>Robin</b> 42:7</p> <p><b>room</b> 4:23 5:5</p> <p><b>rule</b> 31:7 56:7</p> <p><b>rules</b> 60:5</p> <p><b>run</b> 14:9 21:4</p> <p><b>running</b> 18:2</p> <p>&lt; S &gt;</p> <p><b>SAITH</b> 71:23</p> <p><b>sale</b> 19:15</p> <p><b>satisfactory</b> 47:22</p> <p><b>Satsuma</b> 61:5</p> <p><b>Saturday</b> 36:20</p> <p><b>saw</b> 38:3 47:13</p> <p><b>saying</b> 22:23 27:11, 15 41:5 45:15</p>	<p><b>says</b> 45:14 60:6, 11 61:7 62:6</p> <p><b>scheduled</b> 16:2</p> <p><b>Scott</b> 2:21 7:1</p> <p><b>screening</b> 14:20</p> <p><b>screens</b> 19:14 21:17</p> <p><b>seat</b> 58:15</p> <p><b>Second</b> 4:13 11:8, 10 13:8, 10 17:8, 10 34:3 56:17, 19 65:4 67:14, 20 68:7, 8, 9, 12 69:3, 7, 8, 9, 21, 23 70:11, 13 71:2, 5</p> <p><b>seconded</b> 65:1</p> <p><b>Secretary</b> 2:11</p> <p><b>secretary's</b> 21:15</p> <p><b>section</b> 60:10, 11</p> <p><b>see</b> 7:9 17:21 19:5 23:9 31:10, 19 34:14 36:5, 16 39:19 41:10 43:18 44:3 45:19, 22 48:23 49:14, 20 53:11 60:8 62:12</p> <p><b>Seeing</b> 11:13 22:5 43:21 56:22</p> <p><b>seek</b> 8:17</p> <p><b>seeking</b> 33:14</p> <p><b>seen</b> 22:5 39:1 44:5 46:4 53:5 62:1</p> <p><b>select</b> 25:8</p> <p><b>send</b> 10:5 51:5, 6 54:20 56:6</p> <p><b>sending</b> 27:17</p> <p><b>Senior</b> 5:15</p> <p><b>sense</b> 47:20</p> <p><b>sent</b> 25:2 48:12</p> <p><b>serve</b> 16:12</p> <p><b>services</b> 7:23 8:3, 6, 19, 23 11:7</p> <p><b>session</b> 21:11, 12 43:8 44:14 63:18, 21 64:3, 8, 11, 14, 20 65:12 66:3, 5, 10, 12, 16, 21 69:2 71:16, 19</p>	<p><b>set</b> 15:4 18:13 24:15 62:9</p> <p><b>sets</b> 41:4</p> <p><b>seven</b> 38:19 40:16</p> <p><b>seventy-five</b> 38:20</p> <p><b>share</b> 23:23 24:3, 6 25:7, 9, 14 44:9 45:5 47:2 48:2</p> <p><b>shared</b> 44:23</p> <p><b>sharing</b> 48:19</p> <p><b>Sharon</b> 3:13 6:22</p> <p><b>She'd</b> 28:11</p> <p><b>short</b> 54:6</p> <p><b>shorted</b> 39:5</p> <p><b>shortly</b> 27:18</p> <p><b>short-term</b> 62:16</p> <p><b>show</b> 38:7</p> <p><b>showing</b> 29:19</p> <p><b>shows</b> 21:17</p> <p><b>shut</b> 46:15</p> <p><b>sides</b> 27:2</p> <p><b>sight</b> 44:3</p> <p><b>sign</b> 11:21 13:17 16:8 53:11, 12 57:6 60:4, 7 61:13 62:9</p> <p><b>signatory</b> 59:14</p> <p><b>signature</b> 30:2</p> <p><b>signed</b> 14:21 30:11 59:13, 17 61:11, 16</p> <p><b>Signing</b> 40:20 54:7</p> <p><b>signs</b> 30:20</p> <p><b>similar</b> 18:17</p> <p><b>single</b> 18:4</p> <p><b>sir</b> 9:4, 8, 14 10:1, 19 17:18, 20 21:13 26:6</p> <p><b>sit</b> 64:16</p> <p><b>site</b> 8:1 9:2</p> <p><b>sites</b> 8:7, 8</p> <p><b>situation</b> 32:1 37:21</p> <p><b>situations</b> 59:19</p> <p><b>six</b> 19:10 28:23 43:9, 10</p> <p><b>sixty-nine</b> 18:8 19:6</p> <p><b>sleep</b> 24:19</p>	<p><b>small</b> 14:8 38:18</p> <p><b>Smiths</b> 28:23</p> <p><b>Snyder</b> 3:1 5:22, 22</p> <p><b>society</b> 33:18</p> <p><b>solve</b> 22:22</p> <p><b>somebody</b> 44:20 46:8 64:23</p> <p><b>song</b> 67:15</p> <p><b>sorry</b> 13:8 30:15 51:22 57:15 67:9</p> <p><b>sound</b> 61:18</p> <p><b>sounds</b> 21:7 28:5 49:22 62:15</p> <p><b>sources</b> 22:13</p> <p><b>South</b> 6:8 10:9, 13, 18 11:6</p> <p><b>southerner</b> 26:9</p> <p><b>Spartenburg</b> 5:19 7:21 11:6</p> <p><b>speak</b> 5:2 29:16 59:23 61:21</p> <p><b>special</b> 18:11 49:6</p> <p><b>specific</b> 60:3 67:7</p> <p><b>Specifically</b> 59:8</p> <p><b>spent</b> 48:17</p> <p><b>spiked</b> 22:6</p> <p><b>spoke</b> 14:3 21:18 27:10</p> <p><b>spoken</b> 40:23</p> <p><b>spouse</b> 45:12</p> <p><b>stab</b> 36:9</p> <p><b>staff</b> 33:3, 22</p> <p><b>staffs</b> 18:19</p> <p><b>stamp</b> 35:10</p> <p><b>stand</b> 4:23 48:23 49:14 52:5</p> <p><b>start</b> 5:6 33:5 64:8 66:11</p> <p><b>started</b> 21:18</p> <p><b>STATE</b> 1:2, 18 4:2, 4 7:2, 4, 6 10:17 22:19 25:7, 8 42:1 44:18 47:7, 14 48:16 65:10 72:3</p> <p><b>states</b> 20:19 23:9, 21 24:4, 8, 23 25:1, 9, 14 26:19 43:21</p>
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<p>statute 25:20, 22 26:5 62:6, 6, 7 stay 26:15 69:1 stays 12:7 stenotype 72:7 Stephens 5:14, 14 stepped 28:9 Steve 3:1 5:22 stop 39:15 store 27:8 36:4 straight 7:11 13:13 Street 1:19 streets 22:10 stronger 22:10 student 15:7, 9 stymied 21:23 subjects 48:17 submitted 68:11 subpoena 45:10 subpoenas 45:12 substance 19:15 34:1, 5 suffer 37:9 suggest 54:20 suggesting 29:21 support 8:7 supposed 33:8 sure 24:1 27:2 30:6, 9 31:2, 11, 21 40:7 50:18, 19 53:15 59:10 61:3 surgery 15:6 surprise 40:3 58:3 surrender 71:1 Susan 2:11 14:14 16:15, 18 20:17 21:15 42:18, 20 43:13 44:6 55:20 61:15 63:13 suspensions 21:6 System 5:17 23:22 24:9, 13 25:6 29:1 40:8 41:1 systems 56:8</p> <p>&lt; T &gt; take 33:10 36:22 42:1 55:11 60:19 66:11</p>	<p>taken 43:17 48:12 66:15 71:18 72:6 takes 9:3 talk 29:12 38:6 44:13 50:1 68:23 talking 43:19 tasks 39:13 taxpayer 42:6 tech 10:12 technician 15:6 20:6 technicians 9:7, 7 20:6 techs 9:13 tell 24:12 34:23 37:2 47:4 55:7 58:11 telling 41:15 temporarily 46:16 ten 40:15 Tennessee 24:1, 1 terms 55:4 testimony 72:11 Thank 7:7 12:1, 2 14:17 16:12, 15, 23 21:14 42:20 55:20, 20 58:10, 16 59:6 62:18 63:4, 4, 6, 7, 8 65:15 66:3, 12 thanks 42:13 Theft 19:12 theirs 47:2 Therapeutics 6:23 therapy 8:11 thereto 72:8 thing 25:11 29:5 34:19 36:18, 18 40:10 43:22 45:21 46:21 51:22 things 21:3 38:16 40:7 43:13, 14, 15, 17 45:6 58:18 think 10:11 12:9 24:1 29:18 40:5, 13 41:11 44:11 45:1, 2, 13 47:19, 23 49:12 50:21 52:14 53:7, 14 55:14 56:11 60:20 61:6, 6, 13 62:23</p>	<p>thinking 34:16 44:16 thinks 14:4 third 27:18 34:4 thirteen 15:13 thirty-day 56:11 thirty-five 19:16 thought 23:2 26:22 36:2 38:9 44:7 52:4 thousand 40:15, 17 three 9:11 10:14, 16 15:2 19:14 24:4 26:19 28:2 32:13 thrilling 64:16 throw 26:22 thy 46:17 Tim 2:4 4:3 time 8:9 16:1 17:16 22:14 27:9 37:22 41:8 48:17 51:11 63:20 64:2, 11 66:11 times 26:18 60:15 today 4:5 12:12 14:15 16:19 43:6 57:10 59:13 60:19 61:16 63:5, 10 66:3, 13 Todd 2:22 7:3 told 26:8, 10, 12, 18 29:12 39:3, 15 topic 33:17 48:22 55:23 topics 66:22 total 15:12 town 59:16 track 20:2, 9, 15 31:19 Tracy 2:18 3:9 5:12 6:15 58:6 transcribed 72:8 transcript 72:11 transcription 72:9 Transdermal 6:23 transfer 27:3 Treasurer 2:5 12:23 13:3</p>	<p>treasurer's 12:5, 7 13:7, 10, 19 treasury 38:23 treatment 15:3, 7, 8, 9, 20 true 30:20 72:10 try 28:23 31:19 37:6 trying 15:10 20:15 28:2 44:9 45:23 60:11 turn 44:20 Turpin 5:11 twenty 18:2 twenty-five 18:2 24:23 twenty-two 24:23 two 19:13, 15, 16 27:15, 17 32:12 38:16 39:16 41:16, 18 46:4 type 9:19 19:19 types 18:7</p> <p>&lt; U &gt; Uh-huh 34:17 36:15, 15 undecided 15:20 understand 20:20 22:7 28:22 35:4 38:4 56:14 60:1 62:1 64:12 understanding 52:6, 10, 20 55:3 understands 27:6 uninspected 24:20 unlawful 19:15 unprescribed 8:11 untouched 24:20 use 9:6, 7 20:10, 13, 13 usually 33:2 62:5, 6</p> <p>&lt; V &gt; valid 45:5 value 19:2 24:2 VAP 47:9 various 48:16</p>
--	---	--	---

**Vice** 2:4 4:4  
 60:20 61:7, 9, 13  
**Village** 1:19  
**violation** 70:10  
**vision** 20:17  
**voice** 64:19  
**vote** 11:14 13:13  
 53:4 56:23 64:13,  
 19, 21 65:19 66:1  
 67:10, 18, 20  
**votes** 65:16  
**VPP** 47:10, 11  
  
 < W >  
**wait** 27:6 52:14  
**Walmart** 5:21  
**want** 7:16 8:12  
 11:1 12:22 20:16  
 22:15 25:7 29:20  
 31:2 33:23 37:5  
 39:19 41:7, 9  
 44:13 47:1 48:2  
 49:23 50:15 55:10  
 64:11  
**wanted** 18:11  
 41:21 45:4  
**wants** 30:16  
**Ward** 2:10 10:8,  
 12, 16 25:20, 22  
 26:2, 6, 10, 12, 14  
 28:8 38:9, 12 43:4,  
 7 45:1 46:19 47:1,  
 5, 23 48:11 49:8,  
 10 50:18, 21 52:12  
 53:17, 21 54:23  
 58:6 60:8, 10, 20  
 61:6 62:5, 23  
 63:17 64:22 65:8,  
 15 66:4, 8 67:15  
 68:23 71:14  
**warning** 68:21  
**Washington** 52:5  
**way** 9:21 15:23  
 25:3, 4 27:11 33:8  
 37:7, 8 39:14  
 40:19 46:17 48:7  
**website** 56:9  
**Wednesday** 1:9  
**week** 14:5 30:9  
 38:2, 15

**Welcome** 4:1, 22  
 16:16 59:2 64:15  
**Well** 9:22 19:5  
 20:20 24:19 26:14  
 34:10, 23 35:3, 19  
 37:2, 16 44:1  
 45:13 46:19 47:23  
 49:5 52:18 53:7  
 54:15 59:3 60:18  
 61:23 62:21 63:19  
**wellness** 14:13  
**Wells** 7:5, 5  
**went** 25:4 35:8  
**we're** 8:3, 21 9:19  
 12:10, 23 17:1  
 20:4, 8 27:4 28:2,  
 21 31:18 41:5, 6,  
 17 42:11 54:7  
 59:9 66:21 71:22  
**We've** 12:8 18:16  
 21:20 22:11 36:16  
 38:15 39:20 42:10  
 59:7 67:18 69:1  
**whichever** 15:16  
**Wilson** 39:10  
**witness** 72:12  
**wondered** 44:16  
**wonderful** 27:20  
**wondering** 19:2  
 34:8 59:18  
**word** 39:9  
**wording** 25:10  
**work** 9:17 16:5, 8  
 22:12 41:6 43:11  
**working** 15:23  
 20:7, 9  
**workload** 26:20  
**workplace** 15:21  
**works** 16:9 24:13  
 45:15  
**worry** 25:12, 17  
**worth** 27:17, 18  
**worthwhile** 49:13  
**wrap** 38:14  
**wrapping** 14:4  
**write** 25:1 34:4,  
 19 36:1  
**writes** 31:18  
**writing** 31:12

45:17  
**written** 25:3  
**wrong** 28:20  
 35:23 36:23 38:19  
 39:5 40:19  
**wrote** 30:11 31:16  
  
 < Y >  
**y'all** 9:6, 7 21:5  
 44:6 48:1 56:13  
 62:21  
**Yankee** 26:8  
**Yankees** 26:15, 16  
**Yarbrough** 3:14  
**Yeah** 18:22 26:17  
 30:7 31:16 32:7  
 35:1, 3, 3, 16 42:13  
 46:19 47:5 49:22  
 50:6 51:15 53:1  
 54:8, 17, 18 66:9  
 69:7  
**year** 12:22 13:2  
 15:15, 17 18:8  
 19:6 27:18 34:3, 4  
 48:15  
**years** 27:17 32:13  
 35:8, 9  
**Yeatman** 2:7 11:8,  
 18 13:8 17:8  
 42:22 43:2 54:6,  
 10 56:17 57:3  
 65:20, 21 66:23  
 67:17, 23 68:4, 14,  
 20 69:4, 13, 18  
 70:3, 8, 17, 22 71:8  
**yesterday** 15:8

< Z >  
**Zahir** 3:11 6:19